DOCUMENT RESUME

ED 080 356 SE 016 596

TITLE Situation Reports--Afghanistan, Bahrein, Brazil, Ecuador, Indonesia, Iraq, Morocco, Paraguay, People's Democratic Republic of Yemen, Peru, Qatar, Saudi Arabia, Sri Lanka, St. Christopher/Nevis, Sudan, United Arab Emirates, Yemen Arab Republic.

INSTITUTION International Planned Parenthood Federation, London (England).

PUB DATE Jul 73

NOTE 85p.

EDRS PRICE MF-$0.65 HC-$3.29

DESCRIPTORS Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in 17 foreign countries are presented in these situation reports. Countries included are Afghanistan, Bahrein, Brazil, Ecuador, Indonesia, Iraq, Morocco, Paraguay, People's Democratic Republic of Yemen, Peru, Qatar, Saudi Arabia, Sri Lanka, St. Christopher/Nevis, Sudan, United Arab Emirates, and Yemen Arab Republic. Information is provided under two topics, general background and family planning situation, where appropriate and if if is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

Distribution *

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

AUG 2 1 1973

Country AFGHANISTAN Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

ED 080356

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			647,497 sq.kms.[1].
Total Population	11,900,000	13,800,000	17,480,000 (1971)[1].
Population Growth Rate			2.3% (1963-71)[1].
Birth Rate			50.5 per 1,000 (1965-70)[1].
Death Rate			26.5 per 1,000 (1965-70)[1].
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-49 yrs)			n.a.
Population Under 15			40%[2].
Urban Population			20%[2].
GNP Per Capita			US$80 (1970)[3].
GNP Per Capita Growth Rate			0.5% (1960-70)[3].
Population Per Doctor			18,655 (1971)[4].
Population Per Hospital Bed			7,951 (1971)[4].

1. UN Demographic Yearbook 1971.
2. Local Estimates.
3. World Bank Atlas, 1972.
4. UN Statistical Yearbook, 1972.

SE016 596

FILMED FROM BEST AVAILABLE COPY

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Afghanistan is a mountainous country without an access to the sea. It has extreme climatic conditions with bitter winters and very hot summers. The capital is Kabul with a population of about half a million. Over two million people are nomadic. There has been no population census held in Afghanistan and all statistics are estimates.

Language

The two major languages are Dari (a dialect of Persian) and Pushtu.

Ethnic

The ethnic background of Afghanistan is extremely diverse. The Pathans are probably the largest group. Ghilzais, Uzbecks, and Tadzniks are other important groups.

Religion

Islam is the official religion and with the exception of small minorities of Hindus, Sikhs, and Jews, almost all Afghans are muslims.

Economy

The economy is mainly based on agriculture, and nearly nine tenths of the work-force is engaged in this sector. The two most important products are sheep and wheat, but rice and other cereal crops and fruits, especially raisins are also grown. Cotton is becoming steadily more important and in some areas nuts are one of the main products. It is hoped to use this varied agricultural capacity as the basis of a modern food-processing and canning industry which would increase export earning and boost the income of the rural population.

There is some mining industry in Afghanistan though it is not yet of really major importance. Much of the country is virtually unexplored from the geological point of view, and through large iron deposits have long been known lack of local fuel made their exploitation unfeasable. Recent discoveries of substantial reserves of natural gas promise future possibilities in this field. There are smaller coal deposits, which serve to fill the fuel needs of most of the cities. Afghan lapis lazuli has been mined for thousands of years, and this traditional industry continues. Oil, gold and othe metals have been located, but not yet in commercial quantities.

Industry is as yet of minor importance, but is growing fast from its very small base. On the other hand Afghanistan has a traditional handicraft industry of international repute and the production of hand woven carpets is the most important.

Communications/Education

In 1970 there were 18 daily newspapers in Afghanistan with a total circulation of 6 per 1,000 inhabitants. There were 16 radio receivers per 1,000 population, and average annual cinema attendence was 1.1 per inhabitant.

Communications are not well developed. Good roads link major urban centres. There are no railways.

The adult illiteracy is about 90%. Primary education is free and compulsory wherever practical, UNESCO figures for 1967 indicate that level of schooling is very low. Adjusted school enrolment at the primary level is 19% and at secondary level on 3%. It is hoped to provide basic education for half the school-age children by 1980.

There are two universities, one in Kabul where the language of instruction is Dari and one Jalalabad where instruction is in Pushtu. Both universities have medical schools.

Medical/Social Welfare

The basic health services need to be greatly improved. The Ministry of Public Health has about 80 hospitals and health centres. Most private companies have their own doctors and hospitals. The lack of trained personnel and the difficulties of internal communication especially to the villages will be serious impediments for a long time to come.

FAMILY PLANNING SITUATION

Family planning advice and services are available from the clinics of the Afghan Family Guidance Association clinics and field-workers. The Association has the full support of the Ministry of Health, who are considering the integration of family planning into the public health services of the country, and most of the clinics of the AFGA are housed in government premises.

Attitudes

The Government attitude towards family planning has become increasingly positive over the last 4 years culminating with the decision in 1971 to integrate family planning into the basic health services in cooperation with the Family Guidance Association. The Government has signed a formal protocol under which the Association is charged with a number of official functions in relation to family planning work, especially in the fields of training and evaluation.

FAMILY PLANNING ASSOCIATION

The Afghan Family Guidance Association was formed in 1968 after the Cabinet endorsed the Constitution of the Association. The inaugural meeting of the Association was attended by members of the Royal Family and government officials, and the first clinic was opened in 1968. The leadership of the Association unites prominent volunteers as well as public health personnel.

Since its creation the Association has had an increasing official support, and is now formally charged with the training of public health personnel in family planning, collection and analysis of statistics concerned with Family Planning and advise the Ministry of Health on family planning matters.

In 1971 the Afghan Family Guidance Association became an associate member of the IPPF.

Address

Afghan Family Guidance Association,
P.O.Box 545,
Kabul,
AFGHANISTAN.

Personnel

President:	Mrs. Nazifa Ghazi Nawaz
Vice-President:	Dr. Mir Ghulam Haider Naher
Secretary-General:	Dr. Abdul Ghafar Aziz
Treasurer:	Mrs. Fahima Arsala
Members of the Board:	Mrs. Mastura Nawaz
	Mrs. Shafiqua Seraj

Clinic Services

The Association has been expanding its clinical activities since 1968. The first clinic was opened in November 1968, and four more clinics were set up in 1969. By the end of 1972, 19 clinics were in operation, located in Kabul and other major provincial towns. Shortage of trained medical and para-medical personnel creates difficulties for the Association to man the clinics.

During the first full year of operation, 1969, nearly 6,300 visits were made to the Association clinics. There were about 4,900 pill users and 902 IUD acceptors. In 1970, the total number of visits rose to nearly 13,000 and in 1971 to over 20,000. Majority of the clients still prefer to use the oral pill.

The Association recorded the following clinical figures in 1972:

Contraceptive method	New Acceptors	Continuing Acceptors
Oral Contraceptives	4,133	14,363
IUD	1,689	2,703
Diaphragm	35	17
Condom	3,869	6,468
TOTAL	9,725	23,551

Information and Education

The Information and Education Department of the Association carries out its activities through publications, film shows and home visits. The Department publishes a monthly newsletter in Dari which had a circulation of 4,000 in 1972. In 1971 special publications were issued on Mothers Day and Literacy Day. As a first contact with new mothers, the Association sends congratulatory cards. Educational films are shown in clinics and MCH centres. Film shows for the general public are also organized and during 1971, approximately 18,000 people attended these shows.

There are negotiations with the Ministry of Education and the Association to incorporate family planning material in the high schools. The Information and Education Department collaborates with the World Education Inc. in their Functional Literacy Programme. According to the protocol signed, AFGA will train teachers in family planning and provide necessary material.

During June 1973 a highly successful family planning week was held. A family planning stamp was issued for the week and will be used to commemorate World Population Year in 1974.

The Association carrys out face to face communication activities through its family guides. During 1972 the number of female family guides working full-time with the Association had increased to about 50, and in addition the first 7 male family guides had been recruited. A total of 30,000 pamphlets on various aspects of family planning were distributed, as well as 30,000 handbills.

Training

The Association organizes training courses for medical and para-medical personnel and for the Family Guides. The family planning clinic in the University of Kabul provides facilities for teaching and practise.

In 1971 training was instituted in three nursing schools in Kabul under AFGA auspices and 316 nurse/midwives were trained. This programme will continue as a permanent feature of the training activities of the Association. A substantial increase in training activities is foreseen from 1972 onwards when the Association is charged with the training of public health services personnel in family planning.

AFGA organized two training seminars in 1971, one for nurse/midwives and one for Family Guides. Association personnel are also sent abroad for training. A comprehensive in-service training programme for 36 new family guides was arranged during 1972.

Research and Evaluation

The Association set up a new department, Directorate of Statistics and Evaluation during 1971. The new Department will be responsible for the evaluation of various activities carried out by AFGA. This includes maintaining and analysing clinic statistics with the aim of measuring how well the clinics are functioning, study characteristics of acceptors and conducting follow-up surveys to establish the reason for discontinuation of contraception among its clients.

The Statistics and Evaluation Unit works in close cooperation with the Afghan Demographic Study (ADS) which is being conducted by the Department of Statistics of the Ministry of Planning, with technical assistance from the State University of New York and financial assistance from USAID. The ADS will provide the Government of Afghanistan with accurate nation-wide statistics on population and will have a section on family planning. Information on the present level of knowledge of and practice in family planning will be extremely helpful to AFGA in designing its own programme.

AID

The IPPF has provided technical assistance to the AFGA since its formation, and has also give grants towards its work. The 1971 grant was $83,000, that of 1972 110,000 and that of 1973 $125,000.

Other Assistance

Many organizations have been involved in assisting the AFGA especially in its early stages. In addition to the IPPF the largest donor at the moment is the USAID, which allocated funds totalling $130,000 in 1970 and $265,000 in 1971. These funds have been partly used by the AFGA and partly by the Afghan Government to strengthen demographic services. UNFPA has allocated $15,000 towards demographic scholarships.

In 1973 the Afghan Ministry of Health submitted a project on Family Health, including family planning to the WHO for financing by the UNFPA. Among other things this project envisages the eventual integration of family planning in the public health services in cooperation with the Association.

SOURCES

Afghan Family Guidance Association, Annual Report to IPPF, 1970.
Afghan Family Guidance Association, Third Annual Report, 1971.
Afghan Demographic Studies, Demographic Newsletter, Nos. 2 and 3.
Department of Statistics, Ministry of Planning.
UNESCO Yearbook 1969.
Europa Yearbook 1971.

Situation Report

Distribution

Country **BAHREIN** Date **JULY 1973**

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			598 sq. kms.[1.]
Total Population		160,000[1.]	222,000 (1971)[1.]
Population Growth Rate			2.9% (1963-71)[1.]
Birth Rate			530 per 1,000 (1959-65)**[2.]
Death Rate			20.0 per 1,000 (1959-65)[2.]
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			44.9% (1970)[3.]
Urban Population			78.1% (1971)[1.]
GNP Per Capita			US$550 (1970)[4.]
GNP Per Capita Growth Rate			2.8% (1960-70)[4.]
Population Per Doctor			1,810 (1969)[5.]
Population Per Hospital Bed			234 (1969)[5.]

1. UN Demographic Yearbook 1971.
2. World Population Prospects UN 66.XIII.2
3. UNESOB estimate.
4. World Bank Atlas 1972.
5. UN Statistical Yearbook 1971.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

** Bahrein has had a strong decline in mortality which has changed population structure. In conjunction with the structure of the population, present birth rates are probably significantly lower.

I. GENERAL BACKGROUND

The Bahrein Archiepelago is situated off the coast of Qatar near Saudi Arabia and consists of 33 islands, the majority of which are small. The total area is only about 600 square kilometres. Bahrein had a protectorate status with the United Kingdom for many years, the latter being responsible for foreign affairs and defence. In 1971 Bahrein declared its independence but it continues to have close relations with the United Kingdom.

Ethnic Groups and Language

Most Bahreins are of Arab descent and speak Arabic. There are, however, significant ethnic minorities of immigrants, mainly from India and other Arab countries.

Religion

Nearly all Bahreins are Muslims.

Economy

Bahrein was one of the first localities in the area where the commercial production of oil took place, this having had a great effect on the structure of the economy. The traditional economic pursuits in Bahrein, fishing and the raising of livestock have subsequently been decreasing in importance, both absolutely but even more so, relatively. Apart from direct oil exploitation and drilling, there is a large refinery in Bahrein which, in addition to refining all the local production, processes substantial amounts of crude oil from Saudi Arabia. In addition there are bottling plants, brick factories and a variety of institutions catering to the oil industry. In recent years there has been increased emphasis on industrial and agricultural diversification because the proven oil reserves are rather limited and higher education levels demand more scope.

Communications and Education

In 1970 there were 1,072 radios and 61 television sets per 1000 population. Communications within the small area covered by Bahrein are excellent and it is linked to the rest of the area and beyond by frequent air services.

The educational system has a high priority in national development plans, and by now primary education is nearly universal, with almost half the young people continuing in secondary schools.

Medical and Social Welfare

The income from petroleum has to a large extent been used to extend social, health and education services to the entire population. The health services are well developed, and it is increasingly being staffed by graduates from Bahrein, although manpower from abroad will be necessary for a long time to come.

II. FAMILY PLANNING SITUATION

There is no policy on family planning at the moment and there is no family planning association. However, contraceptive supplies are available commercially.

The Ministry of Health and Ministry of Social Affairs have taken an active interest in the activities of the IPPF MENA Region, and personnel from Bahrein have been trained under the Regional Training Scheme. Representatives from Bahrein have participated as observers in the Regional Council of the IPPF MENA Region.

Situation Report

Distribution*

Country BRAZIL

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			8,511,965 sq.kms.[1]
Total Population	51,976,357[1]	70,119,071[1]	98,400,000 (1972)[2]
Population Growth Rate			2.8% p.a. (1960-70)
Birth Rate	43[1]	41-43 (1960-66)[1]	38-40 per 1,000 (1969-71)
Death Rate	20.6[1]	10-12 (1960-65)[1]	11 per 1,000 (1969-71)
Women in Fertile Age Group (15-49)		16,783,460[1]	21,862,000 (1970)[2]
Population Under 15 yrs		43%[1]	42% (1970)[2]
Urban Population		46.1%[3]	56.5% (1970)[3]
GNP Per Capita			US$380 (1970)
GNP Per Capita Growth Rate			5.7% (1970-71)
Population Per Doctor			1,800 (1970)
Population Per Hospital Bed			294 (1967)[4]

Unless otherwise stated the figures have been provided by the Sociedade de Bem Estar Familiar no Brasil (BEMFAM).

1 United Nations Demographic Yearbook

2 World Population Data Sheet - Population Bureau, Inc. 1972

3 Boletín Demográfico CELADE, Santiago de Chile

4 UN Monthly Bulletin of Statistics, November 1971

5 Fourth Survey of the World Health Situation, 1965-1968, Official Records of the WHO, No. 193, WHO June 1971

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

At the present growth rate of 2.8% per annum the population of Brazil will double itself within 25 years. Levels of development vary considerably among different parts of the country and there are still areas which are relatively unexplored and unpopulated. In the south, in particular in the city of Sao Paulo, living standards are rising rapidly as a result of the area's high economic growth rate. The Brazilian GNP has been growing at around 9% p.a. since 1968, although the expansion is mainly occurring in regions already relatively developed.

Cities are growing rapidly following large-scale immigration from the countryside, especially from the north and the north-east, over the past few decades. The metropolitan areas of São Paulo and Rio de Janeiro both registered an annual increase of over 6% in the period 1940-1960, over twice the rate of total population growth. According to the preliminary results of the 1970 Census, São Paulo has 5.9 million inhabitants and Rio de Janeiro 4.2 million. Three other cities have over one million and four cities between 500,000 and one million inhabitants.

Rapid urban growth has brought many problems, including the appearance of shanty towns, demands for employment, housing, drinking water and environmental sanitation, health and welfare services, and transport. The material benefits of the Brazilian "economic miracle" have not filtered down to the urban poor or the peasants, and the co-existence of an increasingly affluent urban middle class and dire poverty is the most serious problem Brazil faces. An instance of this is the fact that infant mortality rates in the Sao Paulo area have risen from around 60 per 1,000 in the early sixties to about 80 per 1,000 at present despite the high economic growth rate.

The centre-west, north-east and Amazonia regions are poor and underdeveloped. Their vital statistics are unreliable and it is likely that the birth, death and infant mortality rates are considerably higher than the national average. Lacking adequate communications and facilities, and relying almost totally on primitive agriculture, these areas have high levels of unemployment, illiteracy and malnutrition. The north-east in particular, composed of 9 states with a population of 37 million people, faces lack of productive employment and food shortages, arising from its backward agricultural structure and compounded by serious droughts in early 1970. The Government has established development corporations to stimulate and coordinate investment and economic activity in this and the other backward regions.

Amazonia, with 60% of Brazil's territory, is of special interest due to the Governments efforts to open up the jungle and savannah wildernesses. This vast area at present contains only 8% of Brazil's population, and receives only 4% of the National Income.

By the end of 1972 some 15,000 people had established themselves along the new highways being built in Amazonia, and it is expected that 100,000 will have done so by 1975. It is possible however that this internal colonization will fail, as areas near to former "new roads" have since become depopulated. Another problem is the erosion and climatic change that may occur when the lateritic Amazonian soils are cleared for agriculture.

Ethnic

1950: white - 62%, mixed - 26%, black - 11%

Language

Portuguese, and Indian languages in the interior.

Religion

The majority of the population are Roman Catholic.

Economy

Agriculture is the source of 19% of national income and 70% of total exports. The chief products include coffee, cocoa, cotton, sugar, tobacco, beans, maize, rice, livestock, pine wood, and sisal. Brazil's dependence on coffee exports is the country's most serious economic problem.

Industry is expanding, especially in the São Paulo area which accounts for over 50% of the national total. Steel and engineering works have been established as part of national development plans. Exports include manufactured and processed goods, motor cars and vehicles, machinery and parts. Raw materials being mined include iron and manganese; oil and copper are being developed.

There has been a high level of basic capital investment over the past decade with support from international and foreign lending agencies. Large scale hydroelectric power and transport projects are among those in operation.

In terms of income distribution, the share of the lower 50% has fallen from about 17% to 13% of the GNI (1960-70). The share of the top 1% of the population rose from 11% in 1960 to 18% in 1970.

Another aspect of the Brazilian "boom" which has given rise to critical comment is the scale of foreign investment, which trebled between 1968 and 1972. Few important industries are in the hands of Brazilians.

Communications/Education

The country's huge size and geographical diversity are an obstacle to transport and communications. Domestic airlines provide important services and there is heavy investment in the development and modernization of the road, railway and river systems. In particular, the Trans-Amazon Highway is nearing completion, opening up vast tracts of tropical Brazil for the first time.

The press is strictly controlled under the Censorship and National Security Laws of 1968 and 1969. In 1968 there were 250 daily newspapers with a circulation of 37 per 1,000 inhabitants. Radio and television services are growing: there are 395 commercial radio broadcasting stations and 5.7 million sets (1970), and 52 commercial television stations and about 6.1 million sets (1970).

The Government is devoting an increasing amount of expenditure to the expansion of educational facilities. Although literacy rates rose for children under 15 years of age from 49% in 1950 to 60% in 1960, the absolute numbers of illiterates under the age of 15 increased from 11.4 millions in 1950 to 15.8 millions in 1960.

Education is free in official primary schools and is compulsory between the ages of seven and 14 years. There is a high drop-out rate and, in particular in rural areas, a large number of children are illiterate or have less than four years of schooling. The majority of secondary schools are private and the Federal Government is responsible for higher education. There are 46 universities.

Medical/Social Welfare

Medical and Health services are not able to meet the population's needs, particularly in rural areas. The Federal Ministry of Health provides public services which, at the end of 1967, included maternal and child health centres. An estimated 85% of all births take place outside a hospital and are attended by traditional midwives. Illegal induced abortion is a serious health problem. A recent estimate puts the number of induced abortions at approximately 1.1 million per annum.

FAMILY PLANNING SITUATION

BEMFAM, the private family planning association, provides family planning services and a further 2.5 million women a year are estimated by the pharmaceutical companies to be using oral contraceptives bought commercially.

The Federal Government does not support family planning, but several state and municipal governments (mainly in the North-East) have recently either signed or very likely will sign agreements with BEMFAM relating to cooperation in clinic services and other activities.

Attitudes

The main aim of BEMFAM since its foundation has been to change the attitude of the ruling classes of Brazil towards family planning. Strong pro-natalist attitudes appear now to be giving way to a more favourable climate. Various ministers and deputies have spoken in favour of family planning, the previously hostile Catholic Church is moderating its views, and now 6 state governments recognise BEMFAM as a "public utility". In September 1972, the Brazilian Congress of Legislative Assemblies recognised BEMFAM as a "public utility". "Public Utility" status signifies that an organization exists under Brazilian law for the public good.

Press opposition is now much less than in the recent past, with many favourable articles appearing.

BEMFAM has signed 79 agreements with States, municipalities, universities and other bodies. 39 of these agreements are signed, while the remaining 40 are described by BEMFAM as being "not signed, but functioning". More of these agreements have been signed recently and this trend reflects the increasingly secure status of BEMFAM in Brazil. The aim of such agreements is to foster cooperation between BEMFAM and the institution involved, although in most cases this means simply permission for BEMFAM to carry out its clinic activities on the institution's premises.

BEMFAM believe that in the next few years there must be a drive towards an explicit National Policy on family planning.

Legislation

The importation, advertisement and sale of contraceptives are prohibited; however condoms can be sold as prophylactics and the pill is sold as a drug for gynaecological cases. Both are sold quite freely over the counter, in particular the pill. Articles 124 and 128 of the Penal Code refer to abortion. Anyone inducing an abortion is liable for up to ten years' imprisonment; a woman who allows an illegal abortion to be performed on her is liable for up to three years' imprisonment. Abortion performed by a doctor is not punished if:

1) There is no other way of saving the mother's life.
2) The pregnancy is the result of rape: abortion is then only performed with the woman's consent.

FAMILY PLANNING ASSOCIATION

History

The private family planning association, the Brazilian Family Welfare Society, BEMFAM, was founded in November 1965 during the National Gynaecological Congress. Its founders intended to reduce the rate of illegal abortion through family planning and responsible parenthood. Its services have spread rapidly and have benefited from the support and cooperation of a number of university departments.

In 1968 the Society successfully contested a charge of unethical conduct and genocide filed with the Federal Ministry of Justice and received a favourable hearing with the support of the Federal Council of Medicine. It succeeded in having an extensive declaration on the real objectives of birth control in Brazil approved and signed by 72 leading professors of Obstetrics and Gynaecology.

In 1967, the Society became a member of the IPPF.

BEMFAM's clinic services spread most rapidly in 1967 (22 clinics opened) and 1970 (23 clinics). Clinic distribution shows a shift from the southern seaboard cities to the North-East, although only urban centres have so far received services. This pattern is not expected to change in the near future.

Address

Sociedade de Bem Estar Familiar no Brasil - BEMFAM,
Rua das Laranjeiras, 308-GB-ZC-01,
Rio de Janeiro, G.B.,
BRAZIL.

Personnel

President:	Prof. Octavio Rodrigues Lima, M.D.
Executive Secretary:	Prof. Walter Rodrigues
Coordinator of Medical Department:	Sr. Fernando Estelita Lins
Coordinator of Information and Education Department:	Sr. Luiz Atucha

Services

At the end of 1972 BEMFAM was running 82 clinics, an increase of 9over the previous year. There were 131,300 new acceptors in 1972, an increase of 17% over the previous year. 102,000 acceptors used orals, and 28,100 used IUD's.

The clinics are located in private facilities, general and maternal and child health centres, hospitals and university departments.

109,000 cytology tests were recorded.

All the 79 agreements signed to date with state and municipal governments and other institutions permitted the opening of clinics except that with the Government of Rio Grande do Norte in which the State Health Service was placed at the disposal of BEMFAM.

A major programme stressing the non-clinical distribution of contraceptives will commence in 1974 in Rio Grande do Norte State, in the North East.

The clinic programme has levelled off somewhat after 33 clinics were opened in 1970-71.

Information and Education

BEMFAM's strategy in the field of information and education is clear: to influence the formerly pro-natalist ruling class. Federal and State Deputies, government officials, religious leaders, doctors and journalists come highest on the list of priority. BEMFAM believes that it is essential to concentrate on the highest level of "influentials", with some attention paid to other groups such as social workers, university and school students, paramedical personnel, and so forth.

The main methods used are seminars, workshops, debates and the like. In 1972, 9 "high-level" workshops were held, with a total of 860 participants. The I and E programme is closely bound up with the training programme.

Personal contacts are regarded by BEMFAM as an important means of influencing people.

Although there are legal and political difficulties related to mass media publicity of family planning topics, BEMFAM appears to abstain from trying to reach the general public as a matter of policy. There was in fact a small amount of radio and T.V. advertising in 1972.

Press coverage is fuller and more favourable than in the recent past.

BEMFAM produces a monthly bulletin, of which some 157,000 copies were distributed in 1972.

Information and Education as a proportion og Medical and Clinical BEMFAM's expenditure is steadily declining. In 1972 the latter was over 4 times the former.

Training

BEMFAM runs a training institute in Rio de Janeiro at which not only professional training in family planning is provided for medical and paramedical personnel but other key members of the community are motivated in favour of family planning, in particular to press for official support of family planning services.

217 professionals and paramedical personnel attended a 4-week training course in 1972. 11 short courses were held for various professional groups.

Resource Development

In June 1971 the BEMFAM Fund was initiated to support family planning programmes in Brazil. Although the target for 1972 was US$250,000, only $17,900 was raised.

Other Institutions

Servico de Orientacão da Familia: (Family Guidance Service)

The Family Guidance Service was established in 1963 to provide family planning and guidance services supported by educational, social and psychiatric programmes. It advises clients on fertility and infertility problems and also on marriage and the family. Financing comes from overseas, channelled through the World Council of Churches, from members' donations and other private contributions, and from patients' fees. The organization operates three clinics which while they do not offer contraceptive services, advise clients who have problems of fertility control and refer them to other institutions. In 1970 there was a total of 19,297 visits, and in the Central Clinic the majority of the clients were seeking fertility advice. The medical service programme includes gynaecological examinations, and a cancer detection service.

Address

Servico de Orientacão de Familia,
Av. Santo Amaro 34, C.7,
São Paulo,
BRAZIL.

Personnel

Executive Secretary: Uilean Fonceca de Carvalho

Foreign Assistance

Apart from IPPF, the Ford Foundation provides substantial assistance to BEMFAM. Smaller amounts were given to BEMFAM in 1972 by Oxfam, World Neighbors and the Population Council.

A joint BEMFAM/World Neighbors project, "Literacy and Training Program for Adults", operates in favelas of Natal, capital of the North Eastern state of Rio Grande do Norte.

Sources

- Annual Report for 1972 presented by BEMFAM to the IPPF.
- The Europa Yearbook, Vol. II, 1971.
- Abortion Laws: a survey of Current World Legislation. WHO Geneva, 1971.
- 'Population Bulletin': published by the Latin American Department of the Population Reference Bureau. Vol. II No.3 May 1970.
- 'Población' Vol. IV No.1 Population Reference Bureau.
- BEMFAM monthly bulletin.
- 1966-72 Report on Activities, BEMFAM.

Situation Report

Distribution *

Country ECUADOR

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			283,561 sq.kms.[1]
Total Population	3,202,757[1]	4,640,648 (1962)	6,500,000 (1972)[2]
Population Growth Rate			3.4% (1960-70)[1]
Birth Rate	47.1[1]	47.7[1]	45 per 1,000 (1970)[2]
Death Rate	17.7[1]	13-15 (1960-65)[1]	11 per 1,000 (1970)[2]
Infant Mortality Rate		100.0[1]	91 per 1,000 (1970)[2]
Women in Fertile Age Group (15-49)			1,305,000 (1970)[3]
Population Under 15			46.9% (1970)[3]
Urban Population			45.7% (1970)[3]
GNP Per Capita			US$290 (1970)[4]
GNP Per Capita Growth Rate			1.7% (1960-70)[4]
Population Per Doctor			3,000 (1965)[5]
Population Per Hospital Bed			417 (1967)[5]

1 UN Demographic Yearbook.

2 World Population Data Sheet, Population Reference Bureau, 1972.

3 CELADE Boletin Demográfica.

4 World Bank Atlas 1972.

5 Fourth Report on the World Health Situation, 1965-68, WHO.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The republic of Ecuador contains three contrasting regions: the tropical coastal area, the central highland plateau, and the relatively uninhabited and partly unexplored eastern jungle area. The largest city, Guayaquil (738,591 inhabitants, 1969), situated on the coast, is the country's chief port and commercial centre. Quito, in the highlands, (496,410 inhabitants, 1969), is the capital. A large part of the population are Amerindians, some of whom still do not speak Spanish. Major problems of health, education, housing and unemployment persist on a wide-scale. These problems are most acute in rural areas and among the Indian population.

Ethnic

Over a third of the population are Amerindian; approximately a third are mestizo, and there are small white and black groups.

Language

Spanish; Quechua and other Indian languages and dialects are widely spoken although the majority of the population speak Spanish as their first language.

Religion

Roman Catholic, and Indian religions.

Economy

Ecuador has a basically agricultural economy, the chief exports being bananas, coffee, cocoa and rice. Hardwood, minerals, and pyrethrum are also important. Considerable oil reserves have recently been discovered in the north-east of the country, and production has already commenced.

Communication/Education

Internal transport is made difficult by the mountains and jungle. Road and rail links are limited, but air transport is growing in importance.

In 1967[1] there were 23 daily newspapers (44 per 1,000 inhabitants), 55 non-daily newspapers (38 per 1,000 inhabitants) and 9 other journals. In the same year, there were 240 radio stations and 801,000 receivers, (145 per 1,000 inhabitants). In 1968, there were 7 television stations, and 71,000 sets (1967). In 1966, there were 164 cinemas, (22 seats per 1,000 inhabitants).

Education[1] is compulsory between the ages of 6 and 12 years, when places are available. Public schools are free: private religious schools play an important part in providing places. In 1967, there were 897,539 primary pupils, 151,197 secondary pupils, and 19,600 students in higher education. There are 7 universities. A sample of the 1962 census showed that 33% of those aged 15 and over were illiterate. A national literacy training programme was organized by the Government in 1967, designed to eliminate illiteracy within 5 years.

In spite of this investment in education, in 1972 there were about 420,000 schoolchildren without a school to attend, and only about one fifth of those commencing primary school completed the six years. Jaramillo-Gómez and Marangoni estimate that classroom need will increase from 3,500 in 1975 to 54,500 by the year 2000, given present population growth rates.

---

1 UNESCO Statistical Yearbook, 1969.

Medical/Social Welfare

The coverage of the population by health services is limited, and services are mainly restricted to the provincial capitals. It is estimated that 60% of the country's medical facilities are concentrated in Quito and Guayaquil, although only 20% of the total population live there. Health spending receives government priority, and there are programmes to eradicate communicable diseases and to reduce the high infant mortality rate. Jaramillo-Gómez and Marangoni (1972) state that professional assistance to mothers giving birth has actually declined in Ecuador since 1964, from 20% to 18%. They believe that beds per live birth will continue to decrease in the near future. They also show that Ecuador is near the bottom of the Western Hemisphere list of health centres per million, with 6.8 compared for example with Honduras' 48.4. Jaramillo-Gómez and Marangoni consider that in 1972 Ecuador needed 4 times the number of doctors that it actually had, i.e. 6,500 not 1,698. Social insurance is compulsory for certain groups of public and private employees.

FAMILY PLANNING SITUATION

Family planning services are available from the 32 clinics and sub-clinics run by the private association, as well as from some government health centres. There is as yet no official family planning or population programme, although a Department of Rural Medicine and Population has been set up within the Ministry of Health.

In 1972 various I and E activities were conducted jointly by the FPA and the Department of Population. This represents considerable progress towards involving the Government in family planning. Further, the FPA in 1972 overcame considerable initial resistance in obtaining an agreement with the Hospital Board of Guayaquil to allow family planning services to begin in the Enrique Sotomayor Maternity Hospital. Contacts are also being developed with the UNFPA.

The Armed Forces of Ecuador have officially started a family planning programme with the technical assistance of the private association.

Attitudes

In 1968, the President of Ecuador called on the population to support the Pope's Encyclical 'Humanae Vitae', and declared himself to be against family planning programmes. However, since then there has been a considerable change in government attitudes, if not at the level of presidential statements. Press opposition has declined also.

In April 1973, the Executive Director of APROFE was elected to the Welfare Council of Guayaquil, which controls most of Guayaquil's general and maternity hospitals.

The Catholic Church has not taken a stand on the question. The Archbishop of Guayaquil and other important clerics are interested in population problems.

There is extensive interest and activity in research and training related to population in the country's three leading universities, in Quito, Guayaquil and Cuenca, and chairs of demography have been created. All medical students receive training in family planning as part of their regular course of study.

Legislation

Abortion is illegal.

FAMILY PLANNING ASSOCIATION

History

The private Ecuadorian Association for Family Welfare, first established in 1965, began to offer clinic services in three cities in 1966. It became a member of the IPPF in 1967, and by 1971, was running 4 clinics. It also supports family planning activities in 32 private practices and clinics on public health premises. Personnel of the latter are trained by APROFE. The Board of Directors draws widely on different sectors of the community - medical, industrial and others - for its representation.

Address

Asociación Pro Bienestar de la Familia Ecuatoriana,
Machala No. 2503 y Brasil,
Apartado postal 5954,
Guayaquil,
ECUADOR.

Personnel

Executive Director:	Dr. Pablo Marangoni
Scientific Director:	Dr. Francisco Parra Gil.
Director, Information and Education Department:	Abg.Eduardo Landívar V.

Services

The Association's four centres are in Quito, Cuenca, and two in Guayaquil. All the other surgeries and clinics are in Quito, Guayaquil, and in other towns or cities. In 1972, a total of 6,037 new acceptors were recorded, with about 2/3 using IUD's. There were 38,181 follow-up visits. The Association provides contraceptive supplies to the 32 clinics and centres which it supports. A cancer detection service is available, and 7,934 Pap smears were taken in 1972. APROFE keeps records of attendances and acceptors at all clinics which it supports.

The number of acceptors have increased by 5% since 1970.

In 1971, the Association set up two Post-Partum programmes, in Quito and in Guayaquil, an important innovation which is being supported by the IPPF. The Quito programme has now been converted into a MCH programme.

Information/Education

Since its foundation, the Association has been gradually expanding its I and E activities. There has been considerable emphasis on motivating government officials, particularly since the creation of the Department of Rural Medicine and Population within the Ministry of Health in 1969.

In 1969, a Director of Information and Education was hired, to direct the Association's programmes. Communication continues to be based on person to person contact, in view of the low level of literacy among a large sector of the population. In 1972, 859 films were shown to a total of 37,650 persons, about 100 items appeared in the Press relating to APROFE activities, and APROFE staff participated in several T.V. and radio programmes. About 40,000 items of printed material were distributed.

The main emphasis was however on workshops seminars lectures. Women attending clinics, doctors, nurses and para-medical staff, students, parents and women's groups were the main targets.

In 1973, a change in strategy is occurring, with a mass media campaign based on radio and T.V. spots, and Press advertising.

Training

The Association runs a training programme to provide personnel for clinic and other services. As well as organising individual courses, the Association in 1969, assisted the establishment of a regular course on demography and population problems and policies for the third and fourth year medical students at the University of Guayaquil. Field practice is given to third year students, while clinical practice in contraceptive techniques is offered to the fourth year students. All medical students now receive training in these subjects. The Association seeks to train both its own staff and personnel from the Government service. 317 doctors, students, nurses, volunteers, teachers and others received training in 1972. Most courses lasted between 3 and 5 days. The Association also took part in seminars organised by the Department of Rural Medicine and Population and the Ecuadorian Centre for Family Education.

Research and Evaluation

The Association runs the Centre for Reproduction Studies in Guayaquil, which began to operate in April 1966. It has made a variety of studies including socio-economic and medical surveys of fertility, abortion and contraceptives.

GOVERNMENT

History

Despite the President's pronouncements against family planning, a Department of Rural Medicine and Population was set up within the Ministry of Health in January 1969. Later in 1969, the Department was restructured to include a separate Department of Population, and the Ministry slowly began to introduce family planning services into its facilities throughout the country. The Government planned to provide family planning services in all its health centres within 5 years, as well as to establish new clinics in rural areas without any existing health services.

In January 1970, the Executive Director of the Ecuadorian Association for Family Welfare was named Principal Adviser to the Minister of Health in the Department of Rural Medicine and Population, and he was subsequently elected National Coordinator of all private and official family planning activities in Ecuador.

Dr. Marangoni was nominated Honorary Consultant on population matters to the Ministry of Health, in May 1972.

In 1968, an agreement between USAID, the Ministry of Health, the Association of Medical Faculties and the University of Ecuador, came into operation; it set up three Population Centres in the Universities of Quito, Guayaquil and Cuenca.

Others: The Armed Forces

Ecuador is the only country in Latin America with official family planning programmes within the Armed Forces. The agreement signed in June 1970 between the Armed Forces and USAID was largely the result of the private Association's efforts to persuade the Forces to provide family planning services. At the invitation of the Western Hemisphere Region of the IPPF, the General Commander of the Military Health Service had visited several

countries where private and official family planning activities are coordinated. In 1972, 7 military hospitals were offering family planning services, not only to military personnel and their families but also to the civilians living in the communities where the hospital is situated.

Ecuadorian Centre for Family Education (CEEF)

Address

Calle Santa Prisca and Vargas
No. 540, 2° Piso,
Casilla Postal No. 3970,
Quito,
ECUADOR.

This organization is responsible for training teachers from primary and secondary schools, according to an agreement with the Ministry of Education

Foreign Assistance

Apart from IPPF, USAID is the main source of foreign assistance. Colombia University has made some contribution. PAHO assist the MCH programme. World Neighbors and Ford Foundation provide assistance also.

Bibliography

- Europa Yearbook, Vol.II. 1971.

- Progress Report No.4 for 1967, of the Asociación Pro Bienestar de la Falilia Ecuatoriana

- Request by the Asociación Pro Bienestar de la Familia Ecuatoriana for membership of the IPPF, 17 May 1967.

- 1972 Annual Report of APROFE to IPPF.

- "Elementos Para Un Perfil Demográfico del Ecuador", by Dr. M. Jaramillo-Gómez and Dr. P. Marangoni, May 1972.

Situation Report

Distribution *

Country INDONESIA

Date JUNE 1973.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,491,564 sq.kms[1]
Total Population	76,000,000	93,000,000	118,309,059 (1971)[2]
Population Growth Rate	1.8%	2.3%	2.8% (1963-71)[3]
Birth Rate	52	43	48.3 (1965-70)[3]
Death Rate	20	21.4	19.4 (1965-70)[3]
Infant Mortality Rate			125 (1971)[2]
Women in Fertile Age Group (15-44 yrs)			21,586,000 (1965)[4]
Population under 15 yrs			44%[5]
Urban Population			17.4% (1971)[2]
GNP Per Capita			US$80 (1970)[6]
GNP Per Capita Growth Rate			1.0% (1960-70)[6]
Population Per Doctor			27,561 (1967)[1]
Population Per Hospital Bed			1,484 (1968)[1]

1 United Nations Statistical Year Book 1971.
2 Population Census Results, 24.9.71.
3 United Nations Demographic Year Book 1971.
4 United Nations Demographic Year Book 1970.
5 1972 World Population Data Sheet - Population Reference Bureau, Inc.
6 World Bank Atlas 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Indonesia is an archipelago of some 3,000 islands, of which the principal ones are Sumatra, Java, Borneo, Celebes, the Moluccas and West Irian. Java, Madura and Bali, which together comprise less than one-thirteenth of the total area of Indonesia, contain almost two-thirds of the population. While the average density for the country as a whole was 81 people per square kilometer in 1970, the corresponding figures for Java and Madura were 741. By 1985 the population may grow to 183 million and it is estimated that annual urban growth rate will be 4.6% for 1970-75. Jakarta is the capital of Indonesia.

Indonesia has been a republic since gaining independence from the Netherlands in 1949. The executive power at present rests with President Suharto, who is the Prime Minister.

Ethnic

Besides the indigenous population, which is Dentero Malay, Indonesia contains one of the largest Chinese minorities in South-East-Asia. In addition, there are small Arab, Eurasian and Indian minorities.

Language

The official language is Bahasa Indonesian. English, some Chinese dialects and Tamil are also spoken. At independence, 25 different languages and 85 dialects were recognised.

Religion

About 85% of the population are Muslims; and there are Hindu, Christian and Buddhist minorities.

Economy

About 52% of the national income is derived from agriculture and more than 70% of the people work in agriculture. Less than 10% of Indonesia's land mass is suitable for farming, since there is fertile soil on two-thirds of Java and Bali and the remaining 90% of Indonesia's land is poor in quality. The principal commercial crops are rubber, tobacco and coffee. In the second half of 1970, oil discoveries were made in Java. Petroleum and tin are valuable exports although 60% of the exports consist of agriculture produce. Some light and medium scale industry is being introduced under the auspices of the Five Year Development Plan (1969-74) prepared and run by BAPPENAS, the National Development Planning Agency. About three and a half million people are estimated to be unemployed and an additional 15 million under-employed.

Communications/Education

In 1970, there were 13,796,000 radio receivers. All the 71 radio transmitters are government controlled. In 1965, the 85 daily newspapers had a circulation of 709,000 i.e. 7 newspapers per 1,000 inhabitants. 90,000 televisions were in use in 1970.

76.71% of Indonesia's men and 59.6% of its women were literate in 1961. By 1964, 11 million primary school places had been provided for children between 7 and 14 years of age. Illiteracy has been wiped out in most areas. The 6 year compulsory education programme was extended to the whole country by 1969. There are 28 state and several private universities.

Medical

There is a limited state welfare service providing old age pensions and medical care for government workers. In 1964, a hospital expansion programme with a target of 3,000 new beds every year was announced. In 1968, there were 1,052 hospital establishments with 76,938 beds. There were 3,994 physicians, 752 dentists, 835 pharmacists, 13,241 nurses and 5,948 midwives in 1967. Expectation of life at birth in 1960 was 47.5 for males and females.

FAMILY PLANNING SITUATION

The Indonesian Planned Parenthood Association was founded in 1957, and pioneered family planning services in Indonesia. The IPPA now has major responsibility for training and information and education activities. In 1968, the Government announced its support for family planning and founded the National Family Planning Institute, known as the Lembaga, which was replaced in February 1970 by the Co-ordinating Body for National Family Planning, known as the Badan (BKKBN). The Badan is responsible for clinic services and the handling of supplies and for co-ordinating and supervising family planning activities. The IPPA was named the Implementing Unit of the Badan in 1971.

In 1968, the Government signed the United Nations Declaration on Population.

Legislation

The old Dutch law which prohibits the dissemination of information about contraceptive methods to the public has not yet been repealed, although publicity for family planning is accepted as an integral part of the national programme and the Attorney General has declared that no one working in the family planning field will be prosecuted under this law. High duty on foreign contraceptives has been abolished, provided they are imported through the Ministry of Health.

Abortion

Abortion is legal only to save the mother's life.

FAMILY PLANNING ASSOCIATION

Address

Indonesian Planned Parenthood Association,
Djalan Dr. Kusumah Atmadja S.H. 85,
Jakarta,
INDONESIA.

Cable: IPPA, Indonesia
Telephone: 45671

Officials

President:	Mr. R. Brotoseno
1st Vice Chairman:	Mrs. M. Hutasoit
2nd Vice Chairman:	Professor H.M. Judono
Treasurer:	Mrs. Dra. I. Soebagjo
Hon. Secretary Director of National Training and Research Centre:	Mrs. Sophie Sarwono

History

The Association, which was formed in 1957, made little progress during the pro-natalist Sukarno regime. In 1967, with the support of the present government, the Association made rapid advances. The Association's First National Congress in 1967 was attended by participants from eight branches. During the Association's Second National Congress in May 1970, there were representatives from 134 local branches, 6 regional chapters and the National Training Centre. The IPPF South-East-Asia and Oceania Region Conference in Bandung in 1968 attracted wide interest and support. The Ministers of Welfare and Health addressed the Conference, and a message of support from the President was read.

Since the Indonesian Association was named as an Implementing Unit of the National Family Planning Programme in 1971, one of its primary roles has been to carry out and expand its training activities to meet the requirement for fieldworkers in the programme. At the same time it is developing through its branch structure a community education and motivation programme. This latter activity supplements and supports the national programme.

The Association has studied the whole question of legislation which is favourable to the development of the national policy of population limitation. The Association is now working with the various Ministries to decide how their recommendations can be implemented. The Government has already decided, for example, to limit family allowance for government employees to 3 children.

Medical and Clinical Services

In 1970, all clinical activities, except those in the other islands (islands outside Java, Bali and Madura) were taken over by the Ministry of Health. The Association has responsibility for all medical and clinical services in the Outer Islands. The Association supplies and helps to maintain 150 family planning clinics in the islands outside Java, Bali and Madura, in addition to a number of model clinics in Java and Bali.

Information and Education

The involvement of the Badan and the Ministry of Education in the field of I&E has considerable implications for the Association. With fieldwork and mass communication programmes largely in government hands, the Association has concentrated its efforts on the intermediate, community level approach.

In 1972, the two main projects were started: the Community Education Programme and the Materials Production Centre. The Community Education programme - in contrast to inter-personal and mass communication work which are the responsibility of the Government, will be carried out thorugh extension activities, group work and the influence of local community leaders.

The Community Education Programme has eight main components: Speakers' Bureaux, family planning clubs, mobile audio-visual units, exhibitions, traditional media, special events, local mass media support and, finally, evaluation as a built-in part of each project. The phasing has been drawn up in two parts. The first phase involved planning, training and setting up the organisation, and the second phase, involves the creation of a Materials Production Centre in the National Training and Research Centre. The purpose here is to design a centre which can respond quickly and appropriately to the Association's own needs. This includes both the production of standardised materials for widespread distribution and the production of once-off materials for specific or local use. The centre will house a graphic design, photographic and audio-visual section. A communication research division will also be included.

In 1971, achievements in the Information and Education programme were promising.

1,349 lectures were given by speakers' teams, 24 exhibitions were held, and the IPPA magazine and newsletter were produced in Bahasa Indonesian and distributed to 6,700 people or organisations. 3 press conferences were held and a press tour arranged, and radio programmes were run 97 times. Other materials such as plastic bags, posters, calendars and diaries were also produced.

Training

The training of family planning workers of all types, and especially field-workers, in 1971 and 1972 has been one of the most successful tasks carried out by the Association. At present the IPPA maintains a National Training Centre, 6 Provincial Training Centres and 4 sub-training centres. Linked to these training centres are Family Planning Demonstration Areas which serve as a field training area for students and as a laboratory for developing and testing new community approaches for family planning programmes.

In 1971, the Association trained 2,951 people, of which 1,478 were field-workers, 561 were connected with the education programme, 400 were doctors or nurses and the rest were social workers, administrators, library workers and the like. In 1972, this training capacity was increased by 25%.

The National Training and Research Centre opened its new building in mid 1972. Its function is to train trainers, evaluate courses and develop courses. It also acts as a Resource Centre for the Community Education Programme, and houses a library.

In 1973, the Association hopes to provide 16 centres for training with 16 field demonstration areas. The target set by the Government is for the Association to train 3,000 fieldworkers in 1973. By increasing the capacity of all centres the Association will be able to meet its own training needs. In 1973, these training needs will relate to its own branch managers, speakers' bureaux personnel, doctors and nurses from Outer Islands.

The World Bank has recently completed a thorough study of the training requirements of the national family planning programme. An agreement recently signed by the United Nations Fund for Population Activities/International Development Association (UNFPA/IDA) provides for the building, equipping and staffing of training centres in Java, Madura and Bali to meet these huge needs. By 1974, it is estimated that medical and para-medical training will be phased into Government training centres. Up-to-date, however, the Association has still carried a considerable load in training medical and para-medical personnel.

Research

The role of the Research and Evaluation Bureau is widening to include as one of its duties the task of assisting other departments and provincial staff in evaluating their programmes and setting up the necessary feedback mechanisms. Research work is directed by a Research Review Panel which meets twice a month in Jakarta. Most of the studies are of the action-research type. Important areas of study in 1972 relate to the use of indigenious midwives (dukuns) as motivators; use of male dukuns; comparison of acceptor reaction to incentives or non-incentives; dissatisfied users of family planning methods.

The pattern of how to motivate rural communities, young people - both in and out of school, is being developed and evaluated through the Community Education Programme. The Association is giving a very high priority to this educational activity which will be of prime importance to other countries now facing a changing role within a government framework of expanded clinic activities. The Evaluation and Research Section is working to devise new techniques to evaluate such a programme as it proceeds, so as to enhance its credibility and effectiveness.

Co-operation with Government and Future Plans

The role of the Association, as the leading voluntary agency in the country, has been evolving over the last two years, in conjunction with the development and increasing effectiveness of the Government programme under the Badan. The Association's role under the Five-year Development Plan has been defined mainly as entailing responsibility for a) provision of services in the Other Islands b) training of non-medical workers c) motivation through information and education d) small research and evaluation surveys.

In view of the above responsibilities, the programme in 1972 has been planned as a complete entity. The information and education programme is geared to support the community activity of the branches through the Speaker's Bureax; the training programme is supported by the medical and clinical activities as organised through the demonstration units; the administration and supervisory support is given by the headquarters in Jakarta. The new premises of the NTRC will house the Materials Production Centre, corresponding to the total Association programme with standardized materials and "once-off" materials for local use; the present training load of 3,000 trainees will be increased by 25% to enable the Association to train its own personnel. Training and clinic services will continue in the Other Islands where the Government will not offer family planning services until 1973/75.

The future role of the Association can be seen for the next five years as:
i) Meeting the targets of the Badan for training through its training centres.

ii) The development of its material production facilities for training and information pusposes, with the emphasis on pre-testing and research for the general benefit of the national programme.

iii) The development of motivation and clinic services in the Other Islands until the Government is ready to assume the main burden of the family planning programme in these areas.

GOVERNMENT

Address

Badan Koordinasi Keluarga Berentjana Nasional
(National Family Planning Coordination Body)
Djalan Wahid Hashim no. 54,
Jakarta,
INDONESIA

Officials

Chairman: (Col.) Dr. Suwardjono Surjaningrat

Programme

Family planning is incorporated into Indonesia's Five-Year Development Plan (1969-1974) where the objectives are stated as follows:
1. to improve the health and welfare conditions of mothers, children, the family and the nation
2. to raise the level of the people's living standard by decreasing the rate of birth, so that the population increase will not exceed the ability to step up the gross national product.

In the first stage of this plan, all cities in Java, Madura and Bali will be covered, and gradually family planning services will be extended into rural areas. The Badan is responsible for co-ordinating all activities of the Departments of Health, Information, Armed Forces, Manpower and Education in their family planning activities.

Target

The target of acceptors for 1970-1975 is 6,075,000. Family planning service centres are to be located in existing hospitals, MCH Centres and special family planning clinics. The number of new clinics to be opened from 1969-1973 are 1,200 fully equipped clinics and 1,250 moderately equipped clinics.

Medical and Clinical Services

In March 1972, registered and reporting family planning clinics in Java and Bali numbered 1,856. Of these 1,559 were MCH clinics, 152 belonged to the Armed Forces, 42 to other government agencies and 103 private.

During the period from April 1971 to March 1972, these clinics had 519,330 new acceptors. Of these 281,757 (54.25%) chose orals; 212,668 (40.95%) IUDs; 16,296 (3.14%) condoms and 8,609 (1.66%) vaginal tablets.

New Acceptors by Agencies and Methods (April 1971-March 1972)

Agency	Total	Pill	IUD	Condom	Vaginal Tablets
Ministry of Health Clinic	465,837	252,690	188,278	13,570	7,293
Armed Forces Clinic	30,983	17,510	11,441	1,429	603
Other Government Agency Clinic	6,282	2,717	3,007	428	130
Private Clinic	20,234	8,840	9,942	869	583
T O T A L	519,300	281,757	212,668	16,296	8,609
PERCENTAGE	100.0%	54.25%	40.95%	3.14%	1.66%

Revisits amounted to 2,008,960. Breakdown of this figure shows that 1,277,644 were for orals; 690,278 for IUD; 29,203 for condoms and 11,835 for vaginal tablets.

A sample of client cards of 29,433 new acceptors (April 1st to September 30th 1972) showed that 38.07% of the acceptors were illiterate; husbands of 56.79% of acceptors were farmers and 14.29% government employees; 44.35% had been referred by the fieldworker, 38.48% by the health personnel, 1.97% by traditional midwife, 0.75% by mass media, 2.92% by other family planning acceptors, 6.54% by friends and 4.96% others.

Information and Education

The major target audiences that the national programme tried to reach in 1971 were the large number of government officials, religious leaders and other influential members of the community through press, radio, television, public meetings, seminars, etc.

The Ministry of Education and private institutions organise programmes in population for in-school and out-of-school groups. Workshops and Planning Sessions, curricula and materials development are under way, and schools are participating in demonstration projects.

Emphasis has been placed on interpersonal communication. By the end of 1971 approximately 2,000 field workers were employed, as compared to 154 in 1970. The targeted number by the end of the Five Year Plan is 15,000.

In a field study Dr. Everett Rogers undertook - one of the findings was "In every province and in almost every clinic where field workers have been assigned, the number of adopters takes a dramatic jump upwards". Dr. Rogers calculates the increase as being nearly double the original number of acceptors per clinic, in the first 3-6 months after field workers begin contacting clients.

Training

The Ministry of Health aims at training 20,250 medical and para-medical personnel over 5 years. 1,350 doctors; 2,000 midwives; 3,800 assistant midwives: 10,500 auxiliary health workers; and 2,600 midwives for IUD insertions will receive training in preservice, upgrading and refresher courses. The Government has given responsibility for training non-medical personnel to the Association.

The Ministry of Health has 2 national and 5 provincial training centres; other training centres are run by the Ministries of Social Affairs and Information, and the Armed Forces. A reassessment of the training programme is under consideration which will study the sponsorship of the different categories of training facilities, the strengthening of teaching staff capabilities and the improvement of the curriculum. A National Family Planning Training Board was established by the Badan in 1971.

Medical schools have incorporated the teaching of population and family planning. Similarly, the Ministry of Health is introducing family planning as an integral part of the undergraduate studies for para-medical personnel.

The Ministry of Education is training 200 teachers to incorporate teaching into school programmes.

Research and Evaluation

A computerised system of service statistics records was inaugurated by the Badan in 1971 and as a result technical report series on service statistics, acceptor characteristics etc. published.

20 small studies related to the training of demographers are being carried out at the Demographic Institute. Studies by research groups in universities, ministries and other institutions covered topics including IUD and pill retention rates, characteristics of acceptors, fertility rate studies, evaluation of field worker effectiveness and operational research activities.

A research-demonstration project is under way in Central Java and seeks to assess the potential role of the traditional village birth attendant.

LEKNAS, a research institute, is conducting an urbanisation study in Jakarta.

The Demographic Institute of the University of Indonesia is mainly concerned with demographic and fertility studies. LEKNAS will concentrate on long range studies of a multi-disciplinary nature on social and cultural factors of population and family planning. The Institute of Public Health in Surabaja is expected to emerge as a second multi-disciplinary research group.

UNFPA/IDA/Government Family Planning Project

For the first time in population field, the UNFPA and the IDA, are jointly helping to finance a project designed to expand a national family planning programme and to broaden the range of its activities.

IDA is providing the Indonesian Government with a credit of US$13.2 million for a term of 50 years, including 10 years of grace, interest free, with a service charge of ¾ of 1% to use for a family planning project.

UNFPA is committing an equivalent amount in form of a grant and the Government is adding $6.6 million, making a total of $33 million.

The support provides for physical facilities, technical assistance, training, motivation, evaluation, research and population education. The project is part of the national family planning programme, currently covering Java and Bali, which evolved partially from the recommendations of the UN WHO - World Bank Mission to Indonesia (1969). It is expected the UN agencies will help in the implementation of certain components of the project. Mr. Lyle Saunders is the "World Bank team leader" based in Jakarta.

Other Organizations

IPPF - provides annual assistance to the Association.

UNFPA/IDA - are providing assistance for the national family planning programme for five years.

UNFPA - has financed IPPA for the Law and Population Project.

UNICEF - has provided assistance for training nurses/midwives in family planning. Also assistance provided for transport and salary supplements.

USAID - plays a major part in the setting up of a viable family planning programme in Indonesia, providing both technical and financial help.

Japanese Organization for International Co-operation in Family Planning - is supporting the IPPA programme with contraceptives and vehicles.

The Population Council - supports post partum programmes in three hospitals in Jakarta and two in Bandung; most of the IUDs in the family planning programme are provided by the Council.

The Ford Foundation - has provided assistance for the establishment of a family planning and research centre at the National Institute of Public Health.

Pathfinder - also supplies contraceptives and has a small training programme in Bali.

SIDA (Sweden) - is supporting the Government programme with contraceptives.

Family Planning International Assistance - is providing assistance.

The Netherlands Government - contributed three-quarters of the cost of building the National Training Institute.

Mennorite Central Committee - supports family planning in the Tapi Christian Hospital, Java.

The World Assembly of Youth - holds family planning seminars.

Church World Services - have contributed for family planning training clinics in North Sumatra and Sulawesi.

OXFAM - has provided assistance to expand home visiting of family planning clinics and to maintain a model clinic in Semarang - IPPA.

UKODA - has financed IPPA for the traditional midwives project in Central Java.

References

Family Planning and National Development - Proceedings of the IPPF SEA&O Regional Conference, Bandung July 1968. Published by IPPF, October 1969.

Annual Report 1970 of the Indonesian Planned Parenthood Association.

Indonesia-Country Report - presented by the Indonesian Planned Parenthood Association at the IPPF -SEAO Regional Workshop on Administration, September 1971.

Indonesia - Country Profiles, The Population Council, New York, April 1971.

A working paper on the Activities and On-going Plans 1970-1971 of the Indonesian Planned Parenthood Association for the workshop on "Strengthening of Family Health Services for Family Planning" by the Department of Health, August 1970.

Doctors and Dukuns, Puppets and Pills - a look at Indonesia's family planning program - by the World Bank Group 1972.

Europa Year Book 1972.

Indonesian National Family Planning Service Statistics: The system and first year results - Technical Report Series of the National Family Planning Coordinating Board. Monograph No. 1 May 1972, Jakarta, Indonesia.

Preliminary Analysis New Family Planning Acceptor Characteristics in Java and Bali through First Semester 1972/1973 GOI FY (April 1st-September 30th 1972).

Situation Report

Distribution *

Country IRAQ

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			434,924 sq.kms.[1]
Total Population	5,200,000	6,890,000	9,750,000 (1971)[1]
Population Growth Rate			3.2% (1963-71)[1]
Birth Rate			49.3 per 1,000 (1965-70)[1]
Death Rate			15.5 per 1,000 (1965-70)[1]
Infant Mortality Rate			about 100[2]
Women in Fertile Age Group (15-44yrs)			1,467,821 (1965)[3]
Population Under 15 yrs			46.7% (1970)[4]
Urban Population			59.0% (1971)[1]
GNP Per Capita			US$320 (1970)[5]
GNP Per Capita Growth Rate			2.5% (1960-70)[5]
Population Per Doctor			3,265 (1970)[6]
Population Per Hospital Bed			525 (1971)[6]

1. UN Demographic Yearbook 1971.
2. Local estimate.
3. UN Statistical Yearbook 1970.
4. UNESOB estimate.
5. World Bank Atlas 1972.
6. UN Statistical Yearbook 1972.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

I GENERAL BACKGROUND

The Republic of Iraq is basically an agricultural country. Since the climate is very arid, the bulk of the population is concentrated along the two great rivers, the Euphrates and the Tigris where irrigation is possible. The overall population density is 21 per sq km. The capital is Baghdad with a population of nearly two million.

Agricultural expansion has taken place in recent years, and that which is planned for the future is based on the better management of the two large rivers. The irrigation facilities provided by the new dams built during the 1960s will add to the arable land an area nearly as large as that already cultivated.

Language

Arabic is the prevalant language but Kurdish Turkish and Persian are also spoken.

Ethnic Groups

The majority of the population is of Arab descent but there are other important ethnic groups, especially the Kurds.

Religion

About 95% of the population are Muslims.

Economy

Rice wheat and barley are the most important agricultural products for local consumption and dates are by far the most important export crop. Iraq dates are considered among the best in the world and Iraq, together with Egypt is the world's largest producer.

The main source for foreign exchange is the petroleum industry, which has been expanding rapidly with the discovery of new deposits. There are also refining facilities in Iraq. The income accruing from petroleum provides funds for investment in industrial development. However, in spite of the plans to lessen the dependence on agriculture, industrial expansion is cautious as the Government does not wish to proceed more rapidly than the supply of trained manpower will permit.

Communications/Education

The daily press was reorganised in 1967, since when there has been five daily national newspapers. There were 180 radio receivers and 37 TV sets per 1000 population in 1970, while the average per capita cinema attendance was 1.3.

Education is free and great efforts are being made to reduce illiteracy and to provide the necessary skilled manpower for industrial expansion. Since 1958 more than 1500 new primary schools have been opened and expenditures have been maintained at high level. Thus between 1962 and 1965 expenditure on education more than doubled. The large rural populations have posed difficulties in providing the entire population with free primary education, and primary schooling is not yet fully universal.

There are 6 universities, two of them private. The major universities are in Bagdad, Basra and Mosul, and all have medical schools attached.

Medical/Social Welfare

A limited Social Security Scheme was introduced in 1957. Benefits are given for old age, sickness, unemployment, maternity, marriage and death. In public health the main emphasis is on the upgrading and expansion of the network of the basic health centres and maternity and child health clinics.

II FAMILY PLANNING SITUATION

Services are available from the Family Planning Association which runs six clinics in Bagdad and Mosul. Private practitioners also give advice and contraceptives are available commercially.

Findings of a recent survey have indicated that the most common contraceptive method in Iraq is the oral pill followed by the condom and withdrawal. It is estimated that some 40,000 women use oral contraceptives.

Government attitude

The official policy in Iraq is to accept family planning as a social welfare measure and the Family Planning Association receives support and encouragement from the Ministry of Health. The Ministry of Health requested WHO assistance in the integration of family planning into the MCH services, with the family planning association assisting in the various aspects of the programme, including training and services.

There is no concern over population growth in Iraq at the official level, as the agricultural potential of the country is far from fully utilised at present.

Legislation

There is no legislation against contraception. Abortion is prohibited except therapeutic abortion on strict medical grounds which is performed within the public health service.

FAMILY PLANNING ASSOCIATION

Iraqi Family Planning Association
Maari Street
Mansour City
Bagdad Iraq Tel 30 966

Chairman	Dr F H Ghali
Vice Chairman	Dr K A Naji
Secretary General	Dr S H Al-Tikriti
Hon Treasurer	Dr A L Al-Ani

History

In 1970, a group of doctors founded the Family Planning Section of the Iraqi Medical Association as a first step towards organising voluntary family planning activities. The IPPF assisted the Family Planning Section with a grant to cover its activities during 1970 and 1971.

In July 1971 the Family Planning Section was formally changed to the Iraqi Family Planning Association and registered. The Association was officially charged with developing family planning activities throughout the country. The Iraqi Family Planning Association became an associate member of the IPPF in October 1971.

The most immediate task of the new association was to gain the support of the medical and paramedical professions for family planning and during 1970 71 and 72 a number of seminars were held in Bagdad, Basra, and Mosul in cooperation with the WHO. The association succeeded well in this task, and the concept of family planning as an integral part of MCH services is now well established.

Services

The Association runs 6 clinics, 5 of which are in Bagdad. 2 are located in the large maternity hospitals Karkh and Alwiyah in Bagdad. These clinics are extremely well attended and the number of IUD insertions is very high. Recently a clinic started function at the largestMCH centre in Bagdad Sheikh Omar which caters for a large proportion of the poorer people in Bagdad. The Association will test the effect of field workers especially for follow-up in this area in collaboration with the Health Centre staff.

In 1973 a clinic was opened at Mosul as part of a comprehensive health clinic attached to the main teaching hospital in Mosul. It is expected that the Association will shortly open a clinic in Basra.

Information and Education

The Ministry of Health and the WHO project do not include I & E work, except at the professional level and thus the task of educating others falls on the Association. The Association has produced several posters and some general motivational material including a patients guide to methods of family planning and benefits of family planning. During 1972 the Association Honorary Officers delivered 10 short radio lectures and participated in 3 TV emissions of 45 minutes on family planning.

Family Planning now occupies an important place in the curriculum of the College of Nursing and is being instituted at the University Medical Schools.

Training

The Association has been collaborating with the WHO in the organisation of training courses which in 1971 and 1972 amounted to about 7 courses a year for various categories of medical and paramedical personnel. In-service training is given on a rotation basis. Personnel from Iraq of all categories have been trained on IPPF Training Courses in the Region and in London, and the WHO has awarded a

number of training fellowships.

Research and E'valuation

Two small KAP studies on MCH centre attendants have been undertaken in Bagdad providing some valuable guidelines for motivation work. Currently tests of copper IUD's and long-term injectables are in process under the auspices of the Association.

The Association is running a trial of Depo-provera in collaboration with a rural health centre in the outskirts of Bagdad, Abu Graib.

Sources :

EUROPA : The Middle East and North Africa 1972-73

Clarke & Fischer : 'Population of the Middle East and North Africa

UNESOB Conference Documents

IPPF Annual Report, 1971, 1972

Situation Report

Distribution *

Country MOROCCO

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			445,050 sq.kms.[1]
Total Population	8,950,000	11,640,000	15,234,000 (1971)[1]
Population Growth Rate			3.0%(1970)[2]
Birth Rate			49.5 per 1,000 (1965-70)[1]
Death Rate			16.5 per 1,000 (1965-70)[1]
Infant Mortality Rate (Urban) (Rural)			100 per 1,000 (Urban)[2] 170 per 1,000 (Rural)[2]
Women of Fertile Age (15-44 yrs)			3,165,000 (1970)[6]
Population Under 15			45.4% (1970)[5]
Urban Population			35.2 (1971)[1]
GNP Per Capita			US$230 (1970)[3]
GNP Per Capita Growth Rate			1.0% (1960-70)[3]
Population Per Doctor			13,156 (1969)[4]
Population Per Hospital Bed			688 (1970)[4]

1. UN Demographic Yearbook, 1971.
2. Local Estimate supplied by the FPA.
3. World Bank Atlas, 1972.
4. UN Statistical Yearbook, 1972.
5. UNESOB Estimate.
6. UN Demographic Yearbook, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Kingdom of Morocco is located in the northwestern corner of Africa and covers an area of nearly 500,000 square kilometres. In most places a fairly wide an fertile coastal plain merges with the high mountains, also fairly fertile, and the vast majority of the population live in these two zones, where population densities far surpass the national average of 34. The interior and the South are extremely dry, merging gradually with the Algerian Sahara. The country is still basically agricultural, although commerce, industry and mining are increasing in importance.

Ethnic

The population is of either original Berber stock, or descendants of the Arab invasion around 700 A.D.

Language

The Moroccan mountains were one of the traditional refuges for the Berber populations wishing to avoid the Arab invasion, and Berber is spoken more widely in Morocco than in any other country, especially in the interior. However, the most of the population speaks Arabic, which is the official language. French is widely spoken among the educated, and Spanish is spoken in the Tetouan province, which was colonised by Spain before independence.

Religion

Islam is the official religion, and virtually the whole population is Muslim.

Economy

The most important sector of the economy is agriculture, which still accounts for about 70 per cent of the total employment, meeting local consumption demands in addition to providing exports of especially wine and fruits. Important import substitution products are sugar, cotton and esparto grass. Mining is the most important generator of foreign exchange, in particular phosphates, but also iron, manganese and leeser deposits of other minerals. Industry is growing fast, but probably still amounts to less than 20 per cent of the national fisheries and fish-processing are increasingly important, and a fast growing tourist trade provides many new job opportunities.

Communications/Education

Morocco is well provided with roads and ports, and in spite of relatively long distances internal communications are easy. There is also a domestic air network.

In 1970, there were 66 radios and 16 TV sets per 1,000 inhabitants, and the 13 national daily newspapers had a total circulation of 16 per 1,000 inhabitants. Cinemas are attended on average 1.3 times a year per capita. TV coverage has not yet reached national level, and is mostly restricted to areas around the larger towns.

Education and Social Affairs

Primary education is compulsory, but lack of facilities and teachers makes its enforcement outside of towns and cities impossible. In the late 1960s about 60 per cent of school-age children actually attended primary school. At the same time less than 15 per cent continued at secondary level.

The national university is Université Mohammed V, which is based in Rabat, but has branches in Casablanca, Fez and Tetouan. A medical school is attached. There are two Universities of Islamic Studies, one in Rabat and one in Marrakesch.

FAMILY PLANNING SITUATION

Morocco has a national family planning programme, directed by the Ministry of Health and integrated in the basic health services. There is also a voluntary family planning association, which concentrates on information and education activities.

Attitudes to Family Planning

The Government is favourable to family planning both as an element of maternal and child health, and because it is believed that the rapid population growth experienced is detrimental to rapid economic development. His Majesty, King Hassan II, was one of the signatories to the World Leaders' Declaration on Population. The demographic objectives of the 1968-73 plan was to reduce the crude birth rate from 50 to 45 per 1,000, a target which has not been met.

There is some political opposition to family planning in Morocco, and the national programme has never been much publicized by the Government. Certain religious leaders have also expressed misgivings about family planning. One of the main objectives of the family planning association is to overcome misconceptions about family planning, and to secure the widest possible support for the programme.

Legislation

There is no legislation in Morocco against family planning. Abortion is allowed only on strict medical grounds.

FAMILY PLANNING ASSOCIATION

The official recognition of the Association Maroccaine de Planning Familial took place at a ceremony on 6th February 1971 in the presence of Her Royal Highness, Princess Lalla Fatima Zohra and His Excellency the Minister of Health. The Princess is the Patron of the Association. Its work is mainly in the field of information and education, although 4 clinics are also in operation. The Association headquarters are in Rabat.

Association Maroccaine de Planning Familial,
6, Rue Buffon,
Quartier des Orangers,
Rabat,
MOROCCO.

Telephone: 20 362

The Board of the Association is composed of:

President:	Mme. Z. Doukkali
First Vice President:	Professor Ostovar
Second Vice President:	Mme. Ben Mayoun
Secretary General:	Dr. A. Laraqui
Assistant Secretary General:	Mlle Z. Firhi
Treasurer:	M. Hadj.M.Ztot
Assistant Treasurer:	M. A. el Madhi
I&E:	Mme. Z. Laaziri
Member:	Mlle A. Fadili
Member:	M.A. Hajji
Member:	M.A. Gharbi

The Association became an associate member of the IPPF in November 1971, and hosted the IPPF Conference "Islam and Planned Parenthood" in December.

Services

The Association maintains four family planning clinics, which are also used for training its personnel. They are located in Rabat (2) Casablanca and Tangiers and are open full time, although doctors are only present part time. No clinical expansion is planned, as the Government will be providing the necessary services.

Information and Education

The main field of work for the Association will be information and education, and the Government will place radio and television facilities at the disposal of the Association. It is possible that the Association will receive UNFPA funds from the Government to engage mass education through the media, while the Ministry of Health will strengthen its clinical services to cope with demand.

In June 1973 the Association launched its first massive information and education programme in the form of a family planning week, which brought many new bodies and personalities into the field of family planning, and also produced a sharp rise in clinic attendance. Planning is now under way for a sustained I&E programme for 1974 onwards.

Training

The Association trains its own field-workers at the central level, under the supervision of clinic doctors, who also supply in-service training. Personnel have been trained under the IPPF Regional Training Scheme. In future the training needs of the Association will be met through a joint Government/Population Council training programme, although the need for training of limited numbers of personnel abroad will still exist.

GOVERNMENT PROGRAMME

The National Family Planning Programme was started in 1966, and throughout it has been the policy to integrate the programme in the basic health services. Services are available from about 180 health centres and about 600 dispensaries. However, the emphasis on family planning varies very much from centre to centre, as there are no personnel specifically responsible for family planning. The performance of the national programme is summarized below:

	1969	1970	1971	1972
First visits	46,512	64,219	77,787	97,694
First IUD insertion	10,987	9,763	7,743	5,277
First visits, orals	9,257	14,275	17,887	19,346
First visits, condom	1,060	1,029	3,323	2,855
Control visits	31,754	42,346	40,474	44,948

Acceptance rates for the IUD has been a disappointment, and appears in part to have been due to counterpropaganda, and the FPA hopes to be able in the long run to correct current misconceptions concerning this method.

Services are presently being strengthened administrative and technically and the first of a series of training seminars will be run this year. This will be followed by a formal training programme for selected personnel.

Research and Evaluation

A survey to determine the knowledge and attitudes of the population with regard to family planning was conducted by the Statistics Division of the Planning Secretariat during 1966-67. Some 4,000 households were interviewed. The Survey gave the following results for desired family size:

	Urban	Rural
Women	3.3	4.6 children
Men	3.1	4.1 -

About 45 per cent of the sample knew that a woman could prevent pregnancy if desired, but only about 10 per cent were actually using contraception. About 50 per cent approved of the idea of family planning with no significant difference between the sexes.

At present a major survey to determine the continuation rates for the major methods is in the process of being published.

AID

The IPPF has allocated $48,000 to the Association in 1971, 24,000 in 1972 and 48,000 in 1973.

Other Assistance

A large number of agencies have given technical and financial assistance to the Moroccan family planning programme: among the most important are:

Ford Foundation - gave a grant for the KAP survey, and also allocated funds for the national programme.

Population Council - maintains a Resident Advisor with the Ministry of Health, and has funded several special projects in close co-operation with Ford Foundation. The Council will be funding 4 field-workers to be employed by the Association to work in the main Maternity Hospital in Casablanca.

USAID - supplies contraceptives, transport and A/V equipment to the national programme, maintains a resident advisor in public health, and has also assisted the Association with various types of supplies, especially audio-visual material.

UNFPA - a major request is pending.

SOURCES

EUROPA: The Middle East and North Africa, 1972-73.

Clarke and Fischer: Populations of the Middle East and North Africa.

Moroccan family planning programme service statistics.

Reports from the Moroccan Family Planning Association.

IPPF reports and documents.

Situation Report

Distribution *

Country PARAGUAY Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			406,752 sq.kms.[1]
Total Population	1,397,000[1]	1,819,000	2,380,000 (1972)
Population Growth Rate		3.0%(1962)	3.4% (1970)
Birth Rate	46.4(1950-54)[1]	42(1962)	45 per 1,000 (1970)
Death Rate	12-18(1950-54)[1]	12 (1962)	11 per 1,000 (1970)
Infant Mortality Rate		98 (1962)	84 per 1,000 (1970)
Women in Fertile Age Group (15-49 yrs)			536,000 (1970)[2]
Population Under 15		46%(1962)	46% (1970)
Urban Population		35.4%[3]	38.7% (1970)[3]
GNP Per Capita			US$260 (1970)[4]
GNP Per Capita Growth Rate			1.3% (1960-70)[4]
Population Per Doctor		1,700(1962)	2,000 (1970)
Population Per Hospital Bed		400(1962)	500 (1970)

NOTE: Unless otherwise stated the source for this table is Datos Básicos de Población en América Latina, 1970: Departmento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.

1 United Nations Demographic Yearbook.

2 Estimate from Boletín Demográfico, CELADE, Santiago de Chile, Year 2, No.4, July 1969.

3 United Nations Monthly Bulletin of Statistics, November 1971.

4 World Bank Atlas, published by the International Bank for Reconstruction and Development, 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The landlocked and predominantly agricultural country of Paraguay has a small and unevenly distributed population. Population density is six persons per square kilometre; in the eastern part of the country the land is relatively unsettled and uncultivated.

Civil registration is poor and it is likely that the published rates for births and deaths are underestimated. At the present population growth rate of 3.4% per annum, the population will double itself within 21 years.

There has been extensive emigration from Paraguay over the past few decades and it is estimated that at least half a million Paraguayans are living and working abroad. The population, especially the male sector, was seriously reduced in the two major wars which Paraguay fought in 1865 and in 1932.

Ethnic

Mixed - 74%, White - 21%, Amerindian - 3%, Black - 1%.

Language

The official language is Spanish: Guaraní is widely spoken.

Religion

The majority of the population are Roman Catholic: Roman Catholicism is the State religion. There is a small Protestant minority.

Economy

The currency has been stable since 1960 and there has been very little inflation. Agriculture and livestock production are the chief activities, and the products include fruit, vegetables, timber, cotton, maize, tobacco, hides and meat. Meat canning and the treatment of hides and skins are the main industries. There has been considerable foreign lending and investment in rural development projects over the past few years.

To quote the Executive Director of CEPEP, "There is a preeminence of a family type of agricultural exploitation, with a high percentage of production for self-consumption, and only a small cultivation (for sale). There is also an unsatisfactory land tenancy structure...." ("Family Planning Rural Programme" p.4-5, 1972).

Communications/Education

Internal communications by road and rail are limited. External communications were, until recently, directed through Argentina but new international air, road and river links are being developed.

In 1969 there were nine daily newspapers, a circulation of 40 per 1,000 inhabitants. There is one government and 16 commercial radio stations, including Radio Guaraní. In 1970 there were 169,000 radio receivers. There is one commercial television station, and, in 1970, 18,000 television sets.

Primary education is free and compulsory between the ages of six and twelve years. However the shortage of schools, in particular in the rural areas, means that many children have only a few years of primary

schooling, and some have none. In 1968 there were approximately 400,000 children in primary and 47,000 children in secondary schools.

There is one state and one catholic university. The 1962 census data showed that 25% of the population over the age of 15 years were illiterate.

Medical/Social Welfare

Health services are provided by the private and public sectors. In the latter the Ministry of Public Health is responsible for services together with the Institute of Social Welfare, (a social security scheme for workers and employees and their families), and the National Service for Sanitary Works. Maternal and child health care and domiciliary services for mothers and children are a small part of the public services.

The rural-urban distinction is particularly marked in Paraguay. For example, there is one doctor per 420 persons in the capital, and one per 6,600 rural inhabitants. There are 5.6 hospital beds per 1,000 in the capital, compared with 1.6 in rural areas. Total housing deficit (1970) is estimated at 65,000 for urban areas and 185,000 for rural Paraguay.

Lack of adequate public sanitary services cause serious health problems. It was estimated that in 1970 only 16% of the urban population were supplied with drinking water and only 13% with proper drainage systems. Other health problems include widespread malnutrition among children and the shortage of medical facilities and personnel. In 1968, approximately 80% of the total of live births were not attended by a doctor or by a qualified midwife.

With international assistance the Government is carrying out health development and improvement projects. The aims include the improvement of the nutrition of children under five years of age and the extension of professional assistance at birth to 80% of pregnant women.

FAMILY PLANNING SITUATION

The private family planning association, CEPEP, offers family planning services. There is no official government support for family planning, although de facto cooperation is rapidly increasing. The Ministry of Health (Department of Family Protection) will be operating about 20 clinics by the end of 1973.

Attitudes

Family planning is now accepted in Paraguay to an extent that would have been thought unlikely 4 years ago. Although the Government ramains silent in terms of policy statements, the Ministry of Health have taken over three FPA clinics in the last year. The FPA also have a strong family planning programme operating for the Armed Forces. The FPA is interested in linking family planning activities to general social and economic development, and to this end intends to set up clinics in areas being colonised by the Government. The Government is also interested in demographic studies in view of the need to settle population in the more remote parts of the country, and the private family planning association is nationally recognized as a centre for Paraguayan population studies.

The Association has received support from the Medical School of Asunción and there is a growing interest from other sectors in family planning, especially the press, and business.

Although for some while the Roman Catholic church remained neutral, there has recently been a growth of opposition to family planning among a sector of the clergy.

Legislation

The importation, manufacture and distribution of contraceptives are allowed but there are restrictions on their advertisement. Abortion is illegal unelss performed to save the woman's life.

Family Planning Association

With the assistance of the IPPF a family planning association was organized in 1966. In June of that year the Paraguayan Centre for Population Studies, as the Association is called, was established and opened a family planning Outpatients clinic at the Medical School in the University Hospital in Asunción. In March 1967 a Pilot Family Planning Centre was set up jointly by the Paraguayan Centre of Population Studies and the Medical and Gynaecological Departments of the Faculty of Medicine in Asunción. It became an associate member of the IPPF in 1969.

Address

Centro Paraguayo de Estudios de Poblacion,
Cnel. Bogado esq. Juan de Mena No. 1053,
Asuncion,
PARAGUAY.

Personnel

President:	Prof. Dr. Luis Carlos Maas
President Emeritus:	Prof. Dr. Julio Manuel Morales
Executive Director:	Dr. Dario F. Castagnino

Services

The increasing demand for the Centre's services is reflected in the expansion of the number of clinics from eleven to twenty six by the end of which 20 were in Asuncion. The clinics included a few in government facilities, and in the Central Military Hospital. Six clinics are held in Lions Club premises. 10 clinics were located in Shanty-towns

In 1972 there were 4,163 new acceptors, 50% of whom used orals. There were 12,134 active users by December 1972. CEPEP also provides a cytology service, with 6,803 Pap smears taken in 1972. In the pediatric programme, 4,881 visits were recorded.

Last year three new clinics were opened, and three (involving 2,500 active users) transferred to the Ministry of Public Health. The Model Clinic in Asunción is expected to commence operations this year.

In 1972 a clinic was opened in the hospital of the 1st Cavalry Division, and others are planned in the near future. The gradual transfer of clinics from CEPEP to Ministry of Public Health control is likely to continue.

Information/Education

The Centre's Department of Education and Information aims to promote general public acceptance of family planning both at community leadership level and at the acceptor level.

Its work includes the organization of meetings for all levels of the community, and of seminars, the production and distribution of literature including the bi-monthly Newsletter, and the promotion of family planning through the press and private exhibitions.

In 1972 CEPEP distributed 6,000 copies of the bulletin "Temas Médicos", 1,800 copies of pamphlets, 660 copies of three books, and 1,500 copies of other items.

10 items appeared in the Press, and there were 166 film showings. There was no T.V. or radio activity in 1972. CEPEP held 1,474 talks for a total of 22,104 clinic visitors, as well as series of talks to Parent's Clubs, teachers and others.

Parent's Clubs (first organized in 1970) are an important aspect of CEPEP's motivational work. Each Club is based on a family planning clinic in Asunción and is formed by 20 selected married couples who have accepted a family planning method. They attend a series of discussions on family planning and a wide range of related topics, such as community development, sex education, child nutrition, and abortion. The couples assist the Centre by promoting family planning among their neighbours and by bringing new clients to the clinics.

In 1970, a fieldwork committee was set up to supervise, coordinate and evaluate the work of the social workers who are attached to clinics and who carry out programmes of clinic talks, social guidance and advice, home visits, and follow-up work. In particular they cooperate in the running of the Parent's Clubs.

The most significant initiative taken in the I and E field by CEPEP commenced in 1972 with the setting up of a clinic at the 1st Cavalry Division's hospital. Four 2-4 week lecture series were held for different groups belonging to this Division:

The first for 48 high-ranking officers, on questions of world population growth, Paraguayan demography, and development and population.

The second series was attended by 400 Horse Guard veterans and the third by 168 officers and their wives. The final series, on such topics as responsible parenthood, abortion, reproductive physiology and contraception, was attended by 218 warrant-officers, sergeants and conscripts.

These lecture-series were evaluated by CEPEP, and results indicate that they were informative and well-received.

This activity by CEPEP was followed up in April of this year by a seminar held in Asuncion for the directors of the Armed Forces Health Services from Paraguay, Argentina, Brazil, Chile, Peru, Ecuador, Bolivia and Uruguay. All told the seminar gathered 21 high-ranking military representatives from the participant countries, 42 military attaches based in Asuncion, and 105 Paraguayan military personnel. Guest lecturers included Dr. Benjamin Viel of IPPF/WHR. Family planning, economic development and health were high on the agenda.

The second major initiative of CEPEP, commencing in 1973, is the rural family planning programme. Essentially it involves using a central clinic in a market town, and sending out to surrounding smaller clinics physicians on a one day a week basis.

CEPEP intends to use radio as part of this programme, with 15 minute programmes and 2 minute spots.

In 1973 CEPEP is sponsoring a workshop in Asunción. Entitled "Population Growth", the intention is to establish direct contact with university students. 4th and 5th year students at the two universities will be invited, the course lasting 15 days, three hours per day.

Training

The Centre runs a training programme for medical and para-medical personnel as well as people in related fields. In 1972, 27 Ministry of Education primary teachers received a 10-day course, and 16 CEPEP doctors and para-medical staff undertook a 3-week training course.

Family planning has been taught for several years in the Gynaecological and Obstetric Departments of the National University.

Government

Attitudes

Although there has been no official statement from the Paraguayan Government committing itself to a programme of family planning, in the last year or so several clinics have been transferred to Ministry of Public Health control, and this process is likely to continue. The acceptance of family planning by the Armed Forces underlines the increasingly secure status of family planning in official eyes.

In 1972 a Department of Family Protection was formed within the Ministry of Health. By November 1972 13 clinics were in operation.

Services

By November 1972 DEPROFA had 13 clinics in operation, and about 6,700 acceptors. Another 6 clinics are to be opened shortly.

The Institute of Social Planning (social security) runs a clinic in Asuncion which in 1972 recorded a total of 526 acceptors.

Personnel

Director of DEPROFA:	Dr. Roberto Kriskovich
Coordinator, I and E activities:	Dr. Victor R. Romero

Resource Development

The Centre's efforts to raise funds and to develop resources began in 1970 when over US$13,000 were raised: the chief contribution came from the agreement of several local Lions' Clubs to pay for clinic rents. In 1971, a Resource Development Committee was set up to plan and direct the campaign. Further considerable effort is being put into fundraising in 1973.

Foreign Assistance

Apart from IPPF, USAID assists CEPEP, although most of AID's help goes to government activities. The Pathfinder fund partially financed the international military seminar organized by CEPEP in April 1973, and assists CEPEP's rural family planning project.

Catholic Relief Services and Food For Peace supplied commodities for the pediatric programme. The Mennonites, Church World Service, and World Neighbors have assisted CEPEP.

Bibliography

- Centro Paraguayo de Estudios de Población, Report for 1972 to the IPPF.
- Fourth Survey of the World Health Situation, 1965-1968. Official Records of WHO, No.193, WHO June 1971.
- Abortion Laws; a survey of Current World Legislation. WHO, Geneva, 1971.
- The Europa Year Book, 1971. A World Survey. Vol.II.
- "Family Planning Rural Programme", by Dr. Dario Castagnino, 1972.
- "Actividades de los Años 1968-1972" CEPEP, Asunción 1973.

Situation Report

Distribution

Country: PEOPLE'S DEMOCRATIC REPUBLIC OF YEMEN

Date: JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			287,683 sq.kms.[1]
Total Population	810,000	990,000	1,475,000 (1971)[1]
Population Growth Rate			3.0%[1]
Birth Rate			50.0 per 1,000 (1965-70)[1]
Death Rate			22.7 per 1,000 (1965-70)[1]
Infant Mortality Rate			79.9 (1966)[5] (Registered Only)
Women In Fertile Age Group (15-44 yrs)			-
Population Under 15 yrs			44.4% (1970)[4]
Urban Population			-
GNP Per Capita			US$120 (1970)[2]
GNP Per Capita Growth Rate			-5.0% (1960-70)[2]
Population Per Doctor			10,951 (1966)[3]
Population Per Hospital Bed			1,113 (1958)[3]

1. UN Demographic Yearbook 1971.
2. World Bank Atlas 1972.
3. UN Statistical Yearbook 1972.
4. UNESOB Estimate.
5. UN Population and Vital Statistics Report.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The People's Democratic Republic of Yemen gained its independence from the United Kingdom in 1967. The country was faced with a very difficult economic situation at the time of gaining its independence since two of its main sources of income - the income from the transit and bunkering of vessels passing through the Suez Canal, and the spending of the British armed forces in Aden - practically disappeared at the same time. The overall population density if four per square kilometre. The capital is As-Shaab.

Ethnic

The majority of the population are of Arab descent.

Language

Arabic.

Religion

The majority are Muslim but there are small Christian and Hindu minorities.

Economy

The majority of the population is engaged in agriculture, but the climate in most parts of the country is not good and yields fluctuate according to rainfall. The main emphasis in the development plans is on consolidating and expanding the irrigation facilities. Sorghum, millet and cotton are the most important crops and fishing and livestock are of some importance.

There is not much industry since Aden, the largest city, had formerly concentrated on trade and providing services as the entry port to the Suez Canal. There is however, an important oil-refinery and several minor industries exist. The city of Aden was greatly affected by the closure of the Suez Canal and unemployment rose to very high levels.

Communications and Education

Outside the cities, the educational infrastructure is very poor, especially at secondary level and less than 10% of the children attend school. The policy is to strengthen secondary schooling with the assistance of the United Nations specialized agencies to ensure that a supply of well educated young people will for forthcoming to staff the expanding community services now under development.

There are four daily newspapers. Radio broadcasts seventy-six hours a week and television programmes were introduced in 1964. It is estimated that there are 100,000 radio and 20,000 television receivers.

When the Suez Canal is open, Aden is the principal port of call for traffic between Europe and the Persian Gulf, India and the Far East. Few roads exist inland, and transport is mainly by camel and donkey.

Medical/Social Welfare

There is one general hospital, fourteen rural hospitals and a number of clinics, medical units and dispensaries with a total of about 1,300 beds. No comprehensive system of social insurance yet exists.

FAMILY PLANNING SITUATION

There is no official policy on family planning. Contraceptive supplies are available locally. A midwife was trained in family planning under the IPPF Regional Training Scheme in 1971. One doctor participated in the training course held in Beirut arranged by the American University of Beirut in cooperation with UNICEF and WHO and later in the practical training sponsored by the IPPF.

SOURCES

EUROPA: The Middle East and North Africa, 1972-73.

Clarke and Fischer: Populations of the Middle East and North Africa.

UNESOB Conference documents.

Situation Report

Distribution *

Country PERU

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,285,216 sq.kms.[1]
Total Population	6,207,967[1]	9,906,746 (1961 census)[1]	13,567,939[2]
Population Growth Rate			2.9% (1969)[3]
Birth Rate	32.6[1]	44-45 (1960-65)[1]	44.3 per 1,000 (1969)[3]
Death Rate	12.6[1]	12-14 (1960-65)[1]	15.3 per 1,000 (1969)[3]
Infant Mortality Rate		61.9 (1960-65)[1]	110 per 1,000 (1969)[3]
Women in Fertile Age Group (15-49)			3,047,000 (1972)[5]
Population Under 15 yrs			44% (1972)[5]
Urban Population		48% (1961 census)	59.6% (1972)[2]
GNP Per Capita			US$408 (1972)[6]
GNP Per Capita Growth Rate			0.8% (1963-70)[6]
Population Per Doctor			2.2 per 1,000 (1960-70)[7]
Population Per Hospital Bed			416 (1967)[4]
Illiteracy			31.5% (1972)[8]

1 UN Demographic Yearbook.
2 Provisional Census Results, Lima, August 1972.
3 CEPD, "Report on Fertility in Peru 1969" Lima, 1973.
4 Fourth Report on the World Health Situation, 1965-1968. WHO.
5 "Application of Results of the Fertility Survey to the Provisional Census" Results of June 1972.
6 Central Bank of Peru, "Financial and Economic Resume", No. 27.
7 Ministry of Health: National Institute of Planning - "Social and Economic Development Plan", Lima, 1960-70.
8 Ministry of Education: Basic Statistics, 1960-70 series Lima, August 1972.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Peru's rapidly growing population is unevenly distributed over the national territory. There are three distinct regions: approximately 5,900,000 inhabitants live in the coastal strip, the most developed part of the country, where three of the four largest cities are situated. These include Greater Lima, with about 3.3 million inhabitants. Extensive shanty towns, called 'pueblos jovenes', have grown up in Lima as a result of internal migration over the past few decades. Approximately 6,376,931 people, mainly Indians, live in the mountain region, the 'sierra', where living conditions are poor: the infant mortality rate in this region is approximately 125 per 1,000. The majority of Indians are illiterate and are therefore disqualified from voting.

The third region of Peru, the eastern jungle, or 'selva', contains 62% of the total area, but only just over a million inhabitants. Most of this region is uninhabited and unexplored.

Ethnic

Approximately one third the population are Amerindian: the remainder, except for a very small white minority, are mestizo.

Language

Spanish is the official language - the Indian languages, Quechua and Aymara, are widely spoken, and there are still Indians who do not speak Spanish, (in the 'sierra' region - central and south).

Religion

The majority of the population are Roman Catholic.

Economy

Peru has a diversified agricultural economy: the chief crops are potatoes, sugar, barley, maize and cotton. Fishing and fish-meal production are the main industries. There are extensive and relatively unexploited mineral deposits. The chief exports are copper, fish and fish-meal, and sugar. Before the recent land reforms, less than 2% of the population owned 82% of the land. The fish, and fish-meal industries have suffered great setbacks due to the reversal of the Humbolt current in the last two years.

Communications/Education

Internal transport is limited as a result of the difficult terrain, but air services are helping to overcome the problems of communication. Several trans-andean road projects have been completed or are underway at the present time.

In 1968,[1] there were 100 daily newspapers, 320 non-daily general interest newspapers, and 827 other periodicals. In 1969, there were 399 cinemas: 30 seats per 1,000 inhabitants. Radio and television services are growing; in 1971 there were 222 radio transmitters, and 19 television transmitters and 300,000 television sets in 1969.

The figures in the 1961 census showed that 62.8% of the population aged 10 years and over were literate, (27.2% illiterate). Education is compulsory from the ages of 6 to 16 years, and primary education is free when it is available. Secondary education is provided in state and private institutions. There are 27 universities. In 1970, there were 2,563,400 primary pupils, 674,300 secondary pupils, and 24,400 tertiary education students.

---

1 UNESCO Statistical Yearbook, 1969.

Medical/Social Welfare

Health services are provided by public, semi-public and private organizations: e.g. the Ministry of Public Health and Welfare, the Armed Forces' health services, the National Social Security Service for Workers, and the Social Security Service for Employees. Health services are therefore fragmented and tend to serve professional and employed groups.

In 1968, maternal and child health services were provided at 571 centres, and approximately 18% of births took place in hospital.

Maternal mortality is about 40 per 10,000 births. 20% of births were attended by professionals. The approximate rate of abortion is 134 per 1,000 (Oficina Sectorial de Planificación de Salud).

Social insurance is compulsory, and labour legislation governs the conditions of unemployment. The recent industrial reform law provides for worker representation on the boards of companies, and profit-sharing.

FAMILY PLANNING SITUATION

Family planning services are not widely available. They are provided by a private association, by the private medical sector, and by a small programme organized by the Roman Catholic Church. The Government has no official population or family planning policy although it is becoming more sympathetic. A semi-autonomous government organization, the Centro de Estudios de Población y Desarrollo, (Population and Development Studies Centre - CEPD), carries out demographic research, information and training work.

Since 1965, The Instituto Marcelino has also had a programme. The Institute was founded privately in 1966, and has been supported by USAID. It was primarily a pilot project for the injectable method. Now they have also orals and IUD's.

Attitudes

The present Government of Peru has no official policy on family planning, but it does allow family planning activities to be carried out on private premises. However, personnel of CEPD and of the private family planning association have been in contact with the Minister of Health to attempt to secure official support for or participation in family planning. The Church is also exerting pressure on the Government to recognise family planning through the Asocacion de Trabajo Laico Familiar. The Government is taking population into consideration in forming national development policy: one of the Commissions set up to prepare the National Economic and Social Development Plan for 1971/1975, is to study a Population and Employment policy.

The Roman Catholic Church unofficially sanctions family planning, and is running an oral contraceptive project in some Pueblos Jóvenes in Lima. However, it avoids any publicity for its programme.

Birth control or "control de la natalidad" as a massive restriction of natality is rejected both by Catholic Church and political leaders in the Government as well as by left groups.

The principal argument is that birth control is a "palliative" measure, and put aside the special action in structural changes or socio-economical changes which are the fundamental measures necessary for development. "Family Planning" is seen as a human right and a private matter. One significant advance made by the APPF during 1972 was its affiliation with the National Secretariat of Private Social Welfare Organizations.

Legislation

Abortion is illegal. There is restricted importation of contraceptives, including oral pills, condoms and IUDs; some oral pills are manufactured locally to officially specified standard. Orals, injectables, and condoms can be bought over the counter.

FAMILY PLANNING ASSOCIATION

History

The Asociación Peruana de Protección Familiar (APPF), was founded in 1967 by a group of physicians interested in the problems of population dynamics and of family planning. Initially, financial support was received from USAID. In 1969, with the support of the IPPF, the APPF opened its first two family planning centres, and organized its main office. In 1970, the Association became a member of the IPPF.

Address

Asociación Peruana de Protección Familiar
Las Magnolias 889, oficina 210,
Lima 27, (San Isidro),
Peru,

Casilla Postal 2191

Personnel

Executive Director:	Dr. Carlos Alfaro A.
Information & Education Director:	Dra. Carmen D. de Thays
Training Director:	M.S. Lidia de Miranda
Administrator:	Sr. Oswaldo La Noire R.

Services

Six new family planning centres were opened in 1970, three more in 1971, and two in 1972, bringing the total to 11: all the centres are in large towns. The Chimbote centre was destroyed in the earthquake of May 1970, but has since been rebuilt. One clinic was closed in 1972.

At present APPF operates one of its clinics under an Agreement with the Municipality of San Miguel (Lima).

All the centres offer fertility and infertility services, Pap smear tests, other cancer detection services, and gynaecological treatment.

METHODS	NEW ACCEPTORS
ORALS	1,056
INJECTABLES	356
IUD	1,458
OTHERS	230
TOTAL	3,100

Accumulated total of new acceptors (August 1969-December 1972)

Orals: 3,515 IUD: 4,809 Injectables: 1,337

Others: 629

TOTAL: 7,310

In 1970 the Instituto Marcelino attended 2,238 new acceptors and 17,488 follow-up visits; the majority of accentors used the injectable method.

The Roman Catholic Church, through the Movimiento Familiar Christiana and the Programa de Apostolado Laico Familiar, sponsors 39 clinics (22 run by the MFC, 17 by PALF). Together the two organizations serve between 6,000 and 7,000 patients. FPIA assists this programme financially.

The Director, Dr. Alfaro, does not intend the service to grow beyond 11,000 acceptors, in view of the small service contribution a private programme can make to such a vast problem.

Education/Information

The Association put considerable emphasis on information and education during 1972, in order to motivate potential acceptors and to gain the support of opinion leaders for its activities. The response throughout the year was encouraging and the APPF reports that it is receiving an increasing number of requests for information, for speakers, courses and publications.

The principal methods used are the distribution of publications, the organization of films and talks for women attending the centres and of Workshops, seminars and other meetings. A wide range of people attended these activities, including mothers, young people and students, doctors, obstetricians, nurses, educators, teachers, fishermen, hospital patients and workers.

About 5,000 people attended talks on family planning, sex education and related topics in 1972. There were 600 showings of films and slides. Members of the APPF participated in several radio and T.V. programmes.

1971 and 1972 were characterized by extra official collaboration with the Ministries of Education, Health, Labour, and Fishing in courses and talks into programmes of responsible parenthood and sex education, including family planning orientation.

The APPF aims to cooperate whenever possible with other public or private organizations working towards the same objectives. In the field of information and education on cancer detection, it is coordinating its activities with the Public Relations Department of the Peruvian League against Cancer. The League has offered the use of its printing facilities, of education films, and the participation of its professional staff.

Training

Training has been important aspect of the Association's activities since 1969. Prior to the opening of centres, representatives from 8 provinces attended the First Work Conference on Family Planning at Association headquarters, in September 1969. The aim was to give practival training to prepare the participants for the job of organizing and running a clinic.

In 1972, 323 doctors, midwives, social workers, nurses and teachers received training in courses lasting from 1 to 13 days. Two professionals received training abroad, and three at the University of Peru.

Research

Investigations into fertility and contraceptive methods, especially the injectables, are being carried on at the Instituto Narcelino.

Government

Centro de Estudios de Población y Desarrollo (CEPD)

The Centre was established by government decree in 1964, and it is financed by the Government and the Ford Foundation. It carries out research, training and information work on population and development problems, and it is hoped that its pilot studies will create a basis for family planning activities to be developed in the future, by examining the country's complicated social and demographic conditions. Training is provided partly through fellowships for studies abroad financed by the Ford Foundation, and partly through the participation of personnel in pilot projects within the country, also financed by the Ford Foundation. The Centre also stimulates and promotes research projects at universities, hospitals and private organizations. A quarterly journal is published on the Centre's activities.

Address

Centro de Estudios de Población y Desarrollo,
Máximo Abril 551 -555
Jesús María,
Lima, 11,
PERU.

Personnel

President of the Governing Committee: Coronel Néstor Urrutia Dapueto
Director: Dr. Arnaldo Cano

Other Organizations

Since early 1967, a programme of responsible parenthood and family education has been conducted in Lima under the sponsorship of the Roman Catholic Church and of the Christian Family Movement of Lima. In 1968, the Cardinal Archbishop of Lima explicitly approved the project; the individual priests of the parishes involved have also given their approval.

The programme has been instituted in 10 'pueblos jovenes' in Lima, and is operated through the parish medical centres. Oral contraceptives are distributed to women during the lactation period or for 2 years, whichever is longer. Educational programmes are also organized, in which the priest take part, and gynaecological treatment is available when necessary.

The programme is financed from private sources, by the CEPD, by a USA foundation and by a drug company. The cost to the patient is approximately 5p a month, for the pills and for all other services.

Foreign Assistance

Apart from IPPF, Church World Service gave medicines to the FPA's clinics and donated US$2,000 for the purchase of teaching aids for the Nutritional Education Programme of the FPA.

FPIA supports the church - sponsored programmes.

Bibliography

The Europa Yearbook, Vol.II. 1971.

"Responsible Parenthood in Lima": by William J. McIntire, in "America" October 26th, 1968.

Newsletter of the Asociación Peruana de Protección Familiar.

APPF Annual Report to IPPF, 1972.

"Planned Parenthood/World Population" Newsletter, March 15th 1973, no.66.

"El Poder de Informar": N. Neira. Situación de los Medios de Comunicación en el Perú - "Participación" No.2, 1973.

Situation Report

Distribution *

Country QATAR

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			22,014 sq. kms.[1]
Total Population	20,000	50,000	81,000 (1971)[1]
Population Growth Rate			5.0% (1963-71)[1]
Birth Rate			n.a.
Death Rate			n.a.
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			about 45% (1970)[2]
Urban Population			
GNP Per Capita			US$1,730 (1970)[3]
GNP Per Capita Growth Rate			0.5% (1960-70)[3]
Population Per Doctor			1,026 (1971)[4]
Population Per Hospital Bed			130 (1971)[4]

1. UN Demographic Yearbook 1971.
2. UNESOB estimate
3. World Bank Atlas 1972
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

General Information

Qatar is a Sheikdom situated on the Arabian Gulf bordered by Saudi Arabia and the United Arab Emirates. The country is constituted by a penninsula some 150 km long and between 50 and 80 km broad. The country is barren, stony semi-desert and desert which permits little in the way of agricultural pursuits. Settled agriculture is virtually non-existent though pastoral nomadism and fisheries have some importance. Nearly 2/3 of the total population are concentrated in the Capital, Doha.

Ethnic groups

The population of Qatar is Arab, but there are substantial numbers of foreign residents.

Language

Arabic.

Religion

Virtually the whole population are Muslims.

Economy

Petroleum is by far the most important component in the economy of Qatar producing nearly all the government revenues, a major part of employment and gross national product. However, as in most other countries on the Arabian Gulf, the dangers and difficulties of reliance on a single source of income and employment is realised and the development plans cater for diversification. Qatar is one of the countries where very advanced agricultural technology in water-use has been successful enough to achieve self-sufficiency in vegetables and even building up a modest export. Diversification into fruit-growing is being undertaken. Shrimp fishery is of some importance and a freezing plant has been constructed in Doha. The government actively encourages the establishment of industries based on the processing of petroleum products and residues; the most important being a large factory for the production of chemical fertilizers.

Communication and Education

Qatar has road links with the other states in the Arabian Penninsula, as well as air services to the neighbouring countries and the Lebanon. No data are available on radio, TV and newspapers but cinema attendance is high, 6.5 visits per capita.

The education system at primary level is nearly fully developed while about a quarter attend secondary school many abroad. University and vocational training must take place abroad, and scholarships are provided for this purpose.

Health and social affairs

Qatar is well equipped from the point of view of health services the improvement of which have been continuing. At present the health services rely heavily on expatriate personnel.

FAMILY PLANNING SITUATION

There is no government population or family planning policy, no family planning association and no organised family planning activities. A selection of contraceptives especially oral contraceptives is available commercially.

Sources:

EUROPA : The Middle East and North Africa 1972-73

Clarke & Fischer : Population of Middle East and North Africa

UNESOB Conference Documents

Situation Report

Distribution *

Country SAUDI ARABIA Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,149,600 sq.kms.[1]
Total Population	4,890,000	5,980,000	7,965,000 (1971)[1]
Population Growth Rate			2.7% (1963-71)[1]
Birth Rate			50.0 per 1,000 (1965-70)[1]
Death Rate			22.7 per 1,000 (1965-70)[1]
Infant Mortality Rate			+
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			44.2 (1970)[2]
Urban Population			
GNP Per Capita			US$440 (1970)[3]
GNP Per Capita Growth Rate			8.0% (1960-70)[3]
Population Per Doctor			11,041 (1968)[4]
Population Per Hospital Bed			1,162 (1968)[4]

+ The Infant Mortality Rate in rural areas may be as high as 250 (UNESOB ESOB/WHO EMR/MORT/WP 3)

1. UN Demographic Yearbook 1971.
2. UNESOB estimate
3. World Bank Atlas 1972
4. UN Statistical Yearbook 1972

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Saudi Arabia is a monarchy. The administrative capital is Jeddah and the royal capital is Riyadh, with an estimated population of 225,000 in 1965.

Saudi Arabia is one of the most traditional countries in the world. Its modernization process dates back only to the Second World War when oil in commercial quantities was discovered. This oil now represents the major income of Saudi Arabia. Most of the population is engaged in agriculture and here there are two distinct categories. About one third of the agricultural population subsist in settled agriculture along the coast and in oases where a wide range of fruits and cereals can be grown in addition to some livestock raising. Two thirds can be termed nomadic or semi-nomadic living mainly from livestock and who wander according to the seasons and the availability of water supplies, throughout the vast tribal areas. There is no other country in which such a large proportion of the population leads a nomadic life and this creates some very difficult problems with respect to the promotion of health services and education. It is Saudi Arabia's policy to gradually settle as many of these nomads as possible on reclaimed agricultural land to be watered by newly developed underground water resources.

Besides agriculture, oil plays a predominant part in the economy of Saudi Arabia, though in terms of employment, the construction industry is the most important. This industry is rapidly expanding both to meet the needs of the petrochemical industry and to meet the needs of the rapidly expanding cities.

Other industries are being promoted, especially through the State owned PETROMIN which channels oil-reserves into the industrial sector. Bottling plants, Asphalt, Cement, Fertilizer and other industries are among the ones expanding in Saudi Arabia.

Ethnic

The population is Arab

Language

Arabic is the only language spoken.

Religion

The population of Saudi Arabia is Muslim and Islam was founded and first gained strength in the area which is now Saudi Arabia. Two of the holiest cities of Islam, Mecca and Medina, where the Prophet Mohammed is buried, are both in Saudi Arabia. At least 300,000 people from outside the country undertook a pilgrimage to these cities in 1967 and 1968. Islam plays a very important role in both the administrative and judicial system of the country.

Medical and Social Welfare

Oil revenues have enabled the Saudi Arabian Government to provide free medicine and medical care for all citizens and foreign residents. A very modern hospital has been built in Riyadh, which will act as a centralised hospital for special care and as university teaching hospital. The importance of nomadic and semi-nomadic population makes the provision of health care difficult.

Communication and Education

In 1971 there were 5 national newspapers, and the average is 7 newspapers per 1,000 population. There are 11 radios per 1,000 inhabitants, while TV has

been introduced recently and mainly covers the large cities.

The sparsely populated country with a large nomadic element in the population will always have its particular difficulties in expanding its educational system and Saudi Arabia is no exception. Elementary, secondary and higher education is free but not compulsory and in spite of strong efforts on the part of the Government, the adjusted school enrolment ratios are 29 and 6, at primary and secondary levels respectively - among the lowest in the Middle East.

The University of Riyadh was founded in 1957,.and there is a private University in Jedda and an Islamic University in Medina. A medical school was recently inaugurated at the University of Riyadh. There are technical schools in Dharan and Jedda, the latter under the auspices of the United Nations and the Government, the former devoted to petrochemical studies.

FAMILY PLANNING SITUATION

There is no family planning association and no official stand on family planning. Demographic information is very deficient but a census and a demographic survey is planned for 1972-1973. Interest in health aspects of family planning is growing, and contraceptives are available locally.

In its series of a TV-emissions on Health Education, questions on family planning and sex-education have often been posed by the viewers and answered.

SOURCES

EUROPA: The Middle East and North Africa 1972-73.

Clarke and Fischer: Populations of the Middle East and North Africa.

UNESOB: Development Problems in Selected Countries of the Middle East and North Africa, 1969, 1970, 1971.

UNESOB Conference documents.

Situation Report

Distribution *

Country SRI LANKA Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			65,610 sq.kms.[1]
Total Population	7,678,000	9,869,000	12,747,755 (1971)[2]
Population Growth Rate	2.5	2.7	2.2% (1971)[3]
Birth Rate	34.7	36.6	29.4 per 1,000 (1971)[2]
Death Rate	12.4	8.6	7.5 per 1,000 (1971)[2]
Infant Mortality Rate			50.3 per 1,000 (1970)[3]
Women in Fertile Age Group (15-49 yrs)			3.2 million (1971)[6]
Population Under 15 yrs			41% (1971)[4]
Urban Population			22.4 (1971)[6]
GNP Per Capita			US$110 (1970)[5]
GNP Per Capita Growth Rate			1.5% (1960-70 average)[5]
Population Per Doctor			3,698 (1968)[1]
Population Per Hospital Bed			332 (1969)[1]

1 United Nations Statistical Yearbook 1971.

2 Population Census figures 1971.

3 UN Demographic Yearbook 1971.

4 1972 World Population Data Sheet - Population Reference Bureau.

5 World Bank Atlas 1972.

6 1971 Census Report.

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Sri Lanka is a parliamentary democracy and a member of the Commonwealth of Nations. Executive power is vested in the Cabinet. The country is divided into 21 administrative districts administered by central government officials. The capital and commercial centre is Colombo.

Population density was 191 per sq. km in 1970. Only 5% reside in the two cities of 100,000 and over - Colombo and Dehiwala.

Expectation of life at birth in 1962 was 61.9 for males and 61.4 for females. The Ministry of Planning and Employment in 1972 in its spadework on the medium term development plan calculated high, medium and low projections - based on alternative assumptions regarding future fertility levels covering a 25 year period from 1973-1998. The high projection assumes a population of 26.2 million in 1998 (i.e. double the population). The lowest projection assumes a population of 19.7 million in 1998 (i.e. 53% increase).

Other facts of interest in the report: about 50% of all Ceylonese now alive have been born since 1950. There are 72 child dependents per every 100 Ceylonese of working age. 76% of births are occurring to mothers in the age group 20-34 years. This according to the study is a crucial factor in determining the size of future births. It is estimated that the number of mothers in this age group will increase from 1,467,000 in 1971 to 1,991,000 in 1981, which is an increase of 36%.

Ethnic Groups

Sinhalese form 71.0% of the population and Indian Tamils 10.6%. The other groups are the Indian Moors, Burghers, Eurasians and Malays.

Language

Sinhalese is the official language and is spoken by about 70% of the people. Tamil and English are also widely spoken.

Religion

More than 60% of the population are Buddhist; about 20% Hindus; there are Christian, Roman Catholic and Muslim minorities.

Economy

Sri Lanka is primarily an agricultural economy. It is the second largest producer of tea in the world. One third of its national income is derived from the cultivation and processing of tea. Other main exports are rubber and coconut. Sri Lanka is now concentrating on developing its water resources and manufacturing and handicraft industries. It has a mixed economy and the Government sector extends to 28 industrial corporations, insurance, transport and oil distribution. U.K. is its main trading partner; followed by China with whom Sri Lanka has concluded a rice - rubber barter agreement.

Communication/Education

In 1970 - 17 daily newspapers were published with a circulation of 612,000 i.e. 49 newspapers per 1,000 population. Sri Lanka had 500,000 radio receivers and 28 transmitters in 1969 and 306 cinemas with a seating capacity of 127,200 in 1968.

Education is compulsory between the ages of 5-14 and free throughout. Over 80% of the children are in school. There are 8,618 primary and secondary

schools; 24 teacher training schools and 8 special schools. There is one university with four campuses; 2 medical colleges and many technical colleges. 89.7% of males and 75.4% of females are literate.

Medical

There is network of hospitals, clinics and dispensaries, where treatment is free. In 1969, there were 310 hospital establishments with 36,847 hospital beds.

FAMILY PLANNING SITUATION

Family planning work on an organised basis has been carried out for more than 20 years in Sri Lanka by the Family Planning Association, alone until 1958, when the first agreement was made between the governments of Sri Lanka and Sweden for a pilot project. The Government of Sri Lanka assumed full responsibility for the provision of family planning clinic services in 1965, through its MCH services. Nevertheless, successive governments avoided making public statements on policy. The Five-Year Plan announced in 1972 reflects a positive policy. Arrangements have been made for the FPA's role in the national programme.

Legislation

There is no anticontraceptive legislation in Sri Lanka.

Abortion

Legal for therapeutic reasons only.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Ceylon,
37/27 Bullers Lane,
Colombo 7,
SRI LANKA.

Officials

President:	Professor D.A. Ranasinghe
Medical Director:	Dr. (Miss) Siva Chinnatamby
Honorary Secretary:	Mrs. Phyllis Dissanayake
Honorary Treasurer:	Mr. G.M. Fernando

The IPPF Indian Ocean Regional Office is based in Colombo.

History

The FPA was founded in 1953 and became an IPPF member in 1954. Some of the founder members pioneered family planning before the war - but during the war years this was brought to a halt. The first government grant was given to the Association in 1954 and 10 years later 155 clinics were operating throughout the country. As a result of the Government assuming responsibility for the provision of clinics, most of these were handed over to the health authorities. The FPA became an incorporated body in April 1970.

Medical and Clinical Services

20 clinics are run or assisted by the FPA which provides contraceptive research and advice. These are also used for research and demonstration purposes. Infertility sessions are a special feature.

The work of the clinics is supported by a cytology unit established in 1970. Programme emphasis in 1973 is on vasectomy reflecting a policy decision taken by the FPA to focus on limitation rather than spacing. This requires a shift from female to male motivation. A mobile unit is utilised for the special plantation project to motivate plantation workers towards family planning, especially with regard to vasectomy. In 1972, there were a total of 7,089 new acceptors and 20,256 continuing acceptors. Of the new acceptors 1,387 accepted orals, 1,175 IUD, 829 injectables and the rest other methods.

Preliminary work has been done on a post-partum project in Colombo City. It is hoped that in 1973 an effective information and follow-up system will be put into operation. This project will cover the Colombo Municipal area which is estimated to have 12,000 births each year.

The FPA in 1972 employed 1 full time, 1 part time and 12 voluntary doctors, 9 full time and 1 part time nurses and 11 full time midwives.

In 1971 the Government requested the FPA to take over the commercial distribution of condoms. With IPPF support a regular import programme was started late in 1971. This project has now been modified because the Government is considering taking over the import and distribution through wholesalers, of condoms and orals. The Industrial Sector, government departments, Corporations etc. are now supplied with contraceptives for their employees, and a successful effort has been made to make contraceptives available at government's prices at Chemist's shops and other selling points. IPPF have appointed a representative to work in collaboration with the FPA, on a market research cum distribution scheme.

Efforts are being made to integrate family planning activities into the work of the 9,500 registered local ayurvedic physicians, who run 5,000 dispensaries. These doctors are very popular and have a good deal of influence. Initially, condoms will be offered to them with a small profit margin as an incentive. It is proposed to select 23 dispensaries for a pilot project, and the physicians in charge will be given training and assistance.

Information and Education

By 1970 the FPA had assumed responsibility for a major effort in the information and education field. The Information Unit, established in 1969, developed radio programmes and publicity material. Press advertising continues to be useful in the context of a high literacy rate; 25 newspapers are covered. The Unit has established good relations with the press and has won over the more hostile section.

Although radio broadcasting was banned by the Government in 1970 the ban was lifted in 1971. The FPA has organised radio programmes of 15 minutes each - 44 in Sinhala and 88 in Tamil. Also 2 jingles one in each language are broadcast.

Film making and printing of posters, etc. have largely been taken over by the Government. The FPA will have the use of the material the Government produces. More 'Face to Face' motivation will be undertaken by the Association in government departments and factories (a target of 400 establishments in 1972). Greater efforts will be made to reach the male population and, in addition, all newly-wed couples will be contacted personally. In 1972, 95,700 leaflets and pamphlets were distributed.

Training

Training programmes for medical and para-medical personnel were inaugurated in 1965 jointly by the Ministry of Health, the Sweden/Sri Lanka project and the FPA. The Association gives support to government training programmes and, in addition, to training doctors in vasectomy and marriage guidance. 250 government doctors and private practitioners were trained in 1972 in various aspects of family planning. 2 estate women leaders were also trained. Some of the FPA's doctors and social workers have been sent to India for training.

Fieldwork

Fieldwork is in the hands of two Sinhala speaking Propaganda Officers and two Tamil speaking Officers. A trilingual Lady Propaganda Officer specialises in estate visits (at least 70 per year). Two Lady Home Visitors cover the Eastern Province, which consists mainly of low income Moslem villages. The home visiting programme covers 2,300 slum dwellings in Colombo.

As an experiment, an intensive face to face communication programme has been launched in the Ratnapura district. A field project has been established for the plantations - both tea and rubber known as the Estates Project. This is under the Field Secretary and provides an intensive education and motivation programme with clinical services.

Research and Evaluation

Research on depo-provera is still being carried on. Also trials in Kandy on 100 Saf-T-Coils have been started in 1972. Other work in this field includes the investigation in continuation, drop out, failure and acceptability rates for various methods.

Future

In April 1972, the Family Health Bureau and the FPA discussed the FPA's role in the national programme. Its role is laid down as being to expand its branch structure and to stimulate other voluntary organisations to include family planning in their work, while continuing its training and propaganda work. With UNFPA aid the Government is launching on a large scale programme of intensive and extensive Family Health propaganda and services, and the FPA has been asked to co-operate closely with the Government.

GOVERNMENT

Officials

Minister of Health:	Mr. W.P.G. Ariyadasa
Deputy Minister of Health:	Mrs. Siva Obeyesekera
Secretary, Ministry of Health:	Dr. C.E.S. Weeratunga
Director of Health:	Mr. S.A. Wickremasinghe
Director Family Health Bureau and Assistant Director Maternity & Child Health:	Dr. S.Y.S.B. Herath

Organisation

The Ministry of Health is the Ministry of Government responsible for Family Planning Activities and works through the Family Health Bureau of the Department of Health. The Deputy Minister of Health has been assigned the subject of Family Planning. The permanent non-political Head of the Ministry is termed the Secretary, Ministry of Health.

History

In 1958, the Government realizing the importance of family planning, came to an agreement with the Swedish Government "to co-operate in order to promote and facilitate a pilot project in community family planning to take place in two or more rural areas in Sri Lanka, with the aim of extending such activities on the basis of experience found on a nation wide scale". In 1965, family planning became a national policy. An Advisory Committee was formed in February 1966, from members of various departments, FPA, Sweden-Ceylon project and Planters' Association. In 1970, the Family Planning Bureau was converted into Maternal and Child Health Bureau and has administrative, training, education and motivation, evaluation, supplies and publicity units for family planning activities. In 1972, the Bureau was reconstituted as the Family Health Bureau.

However, during the civil disturbances of 1971, family planning received a set back. Only after the Government regained stability, has recognition been given to the population problem. The Five Year Plan in 1972, analysed the long term trends and effects of population growth and as a result a population programme has been formulated.

This was preceded by the ILO Mission on Unemployment which placed emphasis on Population Growth. The UN/WHO - Family Planning Evaluation Mission which visited Sri Lanka in 1970-71, published its report in 1971, and recommended the widening of Family Health Services by integrating the preventive and curative services. The Maternal and Child Health Bureau as a consequence has been renamed the "Family Health Bureau".

An agreement was signed between UNFPA and the Government of Sri Lanka. Under this agreement, the UNFPA is to provide $6 million to finance 11 population family planning projects aimed at expansion of services, starting from January 1, 1973, for a period of 4 years. Project activities under this agreement will involve Ministries of Planning Employment, Health Education, and Labour, University of Sri Lanka, Employers Organisation and labour unions and the active participation of UN, WHO, UNESCO, ILO and UNICEF. The Ministry of Planning and Employment will be the coordinating agency for the Government.

Target

The target to reduce birth rate to 25 per 1,000 by 1975, is unlikely to be achieved. The new target recommended is a birth rate of 23 per 1,000 by 1980.

Medical and Clinical Services

The number of family planning clinics that have been established throughout the country - in medical institutions, offices of Medical Officers of Health, and in field MCH centres - has risen from a total of 145 in 1966 to 454 in 1970. Field distribution of contraceptives at subsidized prices is undertaken by public health midwives.

New acceptors by method

Year	Total	Loops	Oral	Traditional	Sterilisation
1966	15,000	10,000	1,000	1,000	3,000
1967	30,695	18,506	8,892	5,681	3,616
1968	48,164	20,615	16,014	6,325	5,210
1969	54,534	19,537	25,284	6,766	2,947
1970 (3rd quarter)	42,720	12,727	20,535	5,663	3,795

The Government and the FPA have in co-operation brought down the price of condoms to 5cts. each, a cycle of pills to 75 cts. each. In 1972, 35 articles and 424 advertisements were published in the press and wide use made of films.

Training

The training of medical officers and other categories of personnel required for the programme began in November 1965 under the joint responsibility of the Ministry of Health, the Sweden-Sri Lanka Family Planning Project and the FPA. As of December 1970, a total of 5,076 staff had been trained in family planning work, including 1,044 medical officers, 112 assistant medical practitioners, 685 public health inspectors, 589 nurses, and 2,525 midwives. Refresher training have been conducted.

A Department of Population Education has been set up in the Ministry of Education.

OTHER ORGANIZATIONS

IPPF provides annual assistance to the FPA.

United Nations Development Programme (UNDP)

5 million rupees grant has been given by UNDP. Under this scheme, the number of F.H. Bureaux is to be increased to 1,176. At present there are 496 bureaux. The Health Ministry has also decided to market contraceptives through these F.H. Bureaux. The F.H. Bureaux is to be utilised as publicity centres. A separate division is to be set up in the MOH to undertake publicity and propaganda. Mobile vans will also be used.

UNFPA has provided $6 million to finance a number of population family planning project with participation of WHO, UNESCO, ILO, and UNICEF.

Swedish International Development Authority - has been providing assistance since 1958. Until 1968, with their assistance - 375 family planning clinics were equipped and 452 medical officers, 193 public health nurses, 526 public health inspectors, 1,261 public health midwives were trained in family planning. Total aid was about US$1.2 million. Since 1968, covering a period of 2 years. US$0.4 million was given to provide contraceptives, vehicles, clinical equipment, advisor in training and information and short-term consultants, if required.

Previously assistance was also provided by Ponulation Council, Ford Foundation, Oxfam and Brush Foundation.

References

WRIGHT, Nicholas H. Recent Fertility Change in Ceylon and Prospects for the National Family Planning Programme. Demography, Volume 5, No.2 1968 "Progress and Problems of Fertility Control throughout the World".

United Nations - Report of the Family Planning Evaluation. Mission to Ceylon - 1971.

ILO - Technical papers of an interagency team organised by the ILO 1971.

Europa Year Book 1972.

Annual Report of the FPA 1971, 1972.

Situation Report

Distribution *

Country ST. CHRISTOPHER/NEVIS Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			357 sq.kms.+
Total Population	48,000 est.+	56,591+	60,000 (1970)+
Population Growth Rate			0.2% (1960-70)1
Birth Rate	35.3+	40.8+	23.9 per 1,000 (1969)
Death Rate	16.5+	12.9+	8.1 per 1,000 (1969)
Infant Mortality Rate	108.8+	98.1+	44.9 per 1,000 (1969)
Women in Fertile Age Group (15-44 yrs)			10,697 (1960)+
Population Under 15 yrs			45% (1960)+
Urban Population			27.8% (1960)+
GNP Per Capita			US$320 (1970)+1
GNP Per Capita Growth Rate			4.0% (1960-70)*1
Population Per Doctor			3,800 (1967)+2
Population Per Hospital Bed			250 (1967)*2

+ data for St. Kitts/Nevis, and Anguilla.
Unless otherwise stated the source for this table is the United Nations Demographic Year Book.

1 World Bank Atlas, published by the International Bank for Reconstruction and Development, 1972.

2 United Nations Statistical Year Book, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The small territory of St. Christopher (St. Kitts) - Nevis and Anguilla is part of the Leeward Islands in the East Caribbean. In 1967 it entered into associated status with the United Kingdom. Anguilla declared its independence from the group at that time and is at present under British protection pending a decision on the island's future. At the end of 1971, together with Dominica, Grenada, Guyana, St. Lucia, and St. Vincent, St. Kitts/Nevis published a joint plan to form a new West Indian state by March 1973. By July 1973 such a federation appeared unlikely.

Basseterre on St. Kitts is the territory's chief port and capital. In 1960 it had a population of 15,726 inhabitants.

Ethnic

The majority of the people are of African descent: in 1960 they formed 80% of the population. Approximately 9% of the population are of mixed descent and there are small European and East Indian groups.

Languages

English is the official language. A French patois is also spoken.

Religion

Christian. There are several Protestant churches, including the Church of England and the Methodist church. There is also a Roman Catholic congregation.

Economy

St. Kitts is the largest island and has the highest production of sugar and sea-island cotton of the three. Tourism is also a source of income. The economy of Nevis is mainly based on coconuts, and animal husbandry after competition from St. Kitts made sugar production uneconomic. Anguilla has a subsistence agrarian economy.

Communications/Education

Communications are by air, road and sea, but the islands are isolated by the nature of their position and size. There are two newspapers and a Government radio station. As a result of the political situation Anguilla is now largely cut off from its neighbours.

Education is compulsory between the ages of eight and 14 years and the majority of the schools are provided by the Government.

Medical/Social Welfare

Health and Welfare services are the responsibility of the Ministry of Education, Health and Welfare. In 1971 11 of 13 doctors worked in government service. Maternal and child health care is provided at pre-natal and child health service units. In 1968 86% of all births were attended by qualified personnel. By 1972 all births were attended by qualified personnel.

Legislation

The private family planning association no longer receives duty-free exemption on imports. This matter is under review.

FAMILY PLANNING ASSOCIATION

History

A family planning association was founded in 1962 and until 1971 when support was received from the IPPF, it was financed from local and a few foreign sources. It has worked continuously to gain government participation in family planning. At present the Association is run by volunteers.

With the launching of the Government programme in 1971, the FPA maintained only one clinic-that at Sandy Point. The FPA considers, however, that as provision of family planning services on these islands represents a considerable drain on the resources of the Government, the FPA should continue to operate some clinical services. In 1973 Dr. Ersdale Jacobs was elected President of the newly formed Caribbean FPA.

Address

St. Kitts Family Planning Association,
P.O.Box 273,
Basseterre,
ST. KITTS, W.I.

Personnel

President:	Dr. E.O. Jacobs
Treasurer:	Mrs. Elaine Stevens
Secretary:	Mrs. Helen Jacobs

Services

The Sandy Point clinic recorded a total of 56 new acceptors in 1972, 33 using orals and 23 IUD's. The cumulative total was 87 acceptors. The FPA hope to expand the number of acceptors to around 150 per annum.

Information/Education

A programme of lectures and film-shows has been carried out by Association Volunteers. It is planned to expand activities with a greater use of literature for distribution and of audio-visual aids, and a series of radio spot announcements will be broadcast on the Government station.

In 1972, 13 meetings were held for the general public in rural areas, and 4 in urban areas. 13 news releases and 18 advertisements were published in the Press. 13 showing of educational films were held in rural areas. 110 pamphlets were distributed.

The Association conducted a radio advertising campaign of 200 spots. A membership drive produced 13 new Association members from business and the professions.

The Association intends to intensify its I and E activities, particularly through radio and public meetings.

GOVERNMENT

History

Following a policy decision by the Government in 1969, a National Family Planning Council was appointed to establish a family planning and sex education programme to be developed and executed through the Ministry of Education, Health and Welfare. Two representatives of the private Association were appointed to the Council. In June 1971 a National Family Planning Programme was launched.

Other Sources

- The Europa Year Book 1971. A World Survey. Vol.II.

- Fourth Survey of the World Health Situation, 1965-68, Official Records of the WHO, No. 192, WHO, June 1971.

Situation Report

Distribution

Country SUDAN

Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,505,813 sq.kms.[1.]
Total Population	9,070,000	11,850,000	16,087,000 (1971)[1.]
Population Growth Rate			2.8% (1963-71)[1.]
Birth Rate			48.9 per 1,000 (1965-70)[1.]
Death Rate			18.4 per 1,000 (1965-70)[1.]
Infant Mortality Rate			93.6 (1965-70)[1.]
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			44.8 (1970)[2.]
Urban Population			12.1 (1971)[1.]
GNP Per Capita			US$120 (1970)[3.]
GNP Per Capita Growth Rate			1.0% (1960-70)[3.]
Population Per Doctor			13,775 (1971)[4.]
Population Per Hospital Bed			1,044 (1970)[4.]

1. UN Demographic Yearbook 1971.
2. UNESOB estimate
3. World Bank Atlas 1972
4. UN statistical Yearbook 1972

---

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Republic of Sudan covers an area of more than two million square kilometres and is thus one of the largest countries of Africa. It is on the other hand very sparsely populated with an average of 6 persons per square kilometre. The country covers great geographical contrasts ranging from desert in the north, over various forms of savanna to tropical rain forest in the extreme south.

Much of the country is unsuitable for settled agriculture and there are important nomadic elements in the population mainly dependent on livestock. In the south subsistence agricultural is the way of life for much of the population.

Ethnic

Ethnic background is diverse. In the north, the population is basically of Nubian descent, converted to Islam at an early stage and having adopted Arabic as its language. A number of tribal groups of Hamitic stock live in the south.

Language

Arabic is the official and most widely spoken language. It is the only language spoken in the northern parts of the country, while in the South a variety of languages related to those of East Africa are spoken.

Religion

In the north the whole population are Muslim, while in the south a number of animistic religions of tribal origin are adhered to. There are also some Christians.

Economy

The Sudan is heavily dependent on agriculture, which provides the livelihood for the majority of the population. Agricultural patterns are very varied, but most of the settled agriculture is concentrated in the south and along the banks of the White Nile and the Blue Nile, which meet in Kharthoum, and which are also important transport lines.

By far the most important cash crop is cotton, and the failure of cotton prices to keep abreast of industrial prices has posed a hardship for Sudan, which is one of the poorest countries of the Region. In spite of very impressive increases in yield, total incomes have risen less, and this has led to emphasis on agricultural diversification programmes to alternative cash-crops such as coffee, tobacco and tea. Sugar, for domestic consumption has also proved useful as an import substitution measure. Irrigation and flood-control measures will increase agricultural yields in future.

There is very little industry or mining in the Sudan, and the long distances and thinly settled population makes communications a major impediment.

Communications and Education

There are 22 newspapers with a total circulation of 8 per 1,000 inhabitants (1970). Cinema attendance is 1 per capita per annum. There are 12 radios and 3 TV sets per 1,000 inhabitants (1970), but TV is only available in the major cities. As illiteracy is still widespread, information and education campaigns in all spheres face great difficulties.

School enrolment ratios in the late 1960s indicated that only about a third

of all children eligible for primary schooling in fact attended schools, and although schools are free the low population densities and the poverty of the country will remain major obstacles to educational expansion. There are three Universities in the Sudan, of which the University of Khartoum has a Medical School.

Health Services and Social Affairs

Much the same situation prevails in respect of health services as for education. The cities and the more densely populated areas of the country are by now reasonably well equipped with health centres, while expansion to the thinly populated areas is hampered by distances and manpower shortages.

FAMILY PLANNING SITUATION

Family planning services are available from the clinics of the Sudan Family Planning Association, as well as from private practitioners. Contraceptives are available commercially, and sales of oral contraceptives are known to be substantial*. Most activity has been in the dual city of Khartoum/Omdurman, but expansion to the provinces is taking place. The Government has recently requested WHO assistance in the field of family planning, initially for post-partum family planning services in the Maternity Hospitals in Khartoum/Omdurman. The Ministry of Health is represented on the board of the family planning association.

Legislation

There is no unfavourable legislation governing family planning in the Sudan. Religious authorities have rarely discussed the matter, but the few that have done so have expressed approval for responsible planned parenthood.

FAMILY PLANNING ASSOCIATION

The Sudan Family Planning Association was founded in 1965 by a group of humanist, medical, paramedical and other professional personnel, as a voluntary, non-profitmaking organisation. It was duly registered and gained the official support of the Ministries of Health and Social Affairs and in 1966 was able to open its first clinic in a government health centre in Omdurman. Subsequent clinics were also housed in government health centres and MCH centres, though a model clinic is run by the Association.

An IPPF grant for 1970 helped the Association to settle in permanent headquarters in Khartoum and to employ the necessary staff. In October 1970 the Sudan Family Planning Association applied for associate membership of the IPPF and the application was approved in early 1971.

Address

The Sudan Family Planning Association,
P.O.Box 170,
Khartoum,
SUDAN.

Cables: FAMPLAN Khartoum South Telephone:43460

Personnel

President:	Dr. A.R. Atabani
Vice President:	Dr. A.S. Mograbi
Secretary General:	Mrs. M. Saad

* 134,000 cycles have been estimated for 1972.

The Ministry of Social Affairs in 1972 gave the Association a grant of about $2,500 to be used for extending its work to the provinces.

In 1969 the Association submitted a proposal to the Government that family planning should be incorporated into the MCH services of the country, and the proposal was accepted in principle and incorporated in the 1970-75 development plan. The Government does not, however, consider this a priority matter at present, and has left the actual provision of services to the Association.

Services

By early 1973 the Sudan Family Planning Association had expanded clinical services to cover most of Kharthoum/Omdurman, where there are now 7 centres functioning in MCH centres in addition to a clinic attached to the Central Office of the Association which specialises in infertility. Services are also available at the Kharthoum University Hospital. There are two clinics in Medani (Blue Nile Province) as well as a clinic in Wau and in el Obeid. A further expansion of clinics in provincial areas is planned.

In 1972 the Association reported a total of 1,795 new acceptors, 3,399 continuing acceptors.

Information and Education

The Association arranges for lectures on family planning for senior students at the University, who attend practical training sessions at the maternity hospital. Family planning is on the curriculum of the College of Nursing, and association members lecture and supervise at the practical sessions. Lectures are also given to other categories of staff.

The Association has held several exhibitions in Kharthoum at times of major events, and has held many film showings. In 1973, it organised a family planning week, which generated much attention in the press, radio and TV, has had a useful effect in generating more widespread support for the aims and objectives of the Association. The Association's first task has in fact been to win support among the leading groups of the population, and this task has been largely accomplished.

The Association has often arranged lectures and films for radio and TV both on the special programmes of the Ministry of Health and Women's programmes.

The Association has produced two posters, and are at present preparing a family planning guide for potential clients.

Training

Sudanese personnel have been trained under the IPPF Regional Training Scheme in Alexandria, Beirut and Cairo, and these personnel are responsible for on-the-job training in the Sudan. The Association is planning the first local training course for 1974.

Research and Evaluation

In co-operation with the Central Department of Statistics the Association has undertaken a social and family planning survey in a village in the Gezira area with special project support from the IPPF. The Survey is the first of its nature in the Sudan, and is due for publication in early 1974. The Association are evaluating the I&E implications of the provisional results.

AID

The IPPF allocated $12,000 in 1971, $14,000 in 1972 and $32,000 in 1973.

Other Assistance

The Pathfinder Fund assisted the Association in its earliest years with contraceptives and literature. The Population Council and the Rockefeller Foundation have provided Demographic scholarships for Sudanese.

Situation Report

Distribution *

Country UNITED ARAB EMIRATES Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			83,600 sq.kms.[1]
Total Population		155,000(1963)	275,000 (1972)[2]
Population Growth Rate			3.0% (1963-71)[1]
Birth Rate			n.a.
Death Rate			n.a.
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			about 75%[4]
Urban Population			about 70%[2]
GNP Per Capita			US$2,300 (1970)[3]
GNP Per Capita Growth Rate			18.5% (1960-70)[3]
Population Per Doctor			-
Population Per Hospital Bed			-

1. UN Demographic Yearbook 1971.
2. UNESCO Population Bulletin, No.4, January 1973.
3. World Bank Atlas, 1972.
4. UNESOB Estimate.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The United Arab Emirates is a federation of 7 Sheikhdoms situated on the western side of the Arabian Gulf. The constituents are Abu Dhabi, Dubai, Sharjah, Ras el Khaimah, Umm al Quwain, Ajman and Fujirah, all of which were collectively known as the Trucial States or Trucial Oman. The Federation was established on December 1st 1971. The entire territory consists of arid or very arid lowlands, and the coastal waters are very shallow. Abu Dhabi and Dubai are the two most important towns, both have deep water ports and international airports, and being the centres of petroleum exploitation. In 1972 Abu Dhabi had about 100,000 inhabitants, Dubai 80,000 and Sharjah 40,000.

Ethnic

The population is Arab, but some citizens are of Indian, Pakistani and Iranian origin. Since the discovery of oil, there are sizable numbers of expartiate residents.

Religion

Virtually the whole population is Muslim.

Economy

The traditional economic pursuits of the 7 Sheikhdoms have been settled agriculture on a limited scale, pastoral nomadism, fisheries, for some of the urban centres an entrepot trade of some importance as well as limited handicrafts' industries. Petroleum has been found in Abu Dhabi and off-shore Dubai, but substantial reserves have not yet been found in the other Sheikdoms, although prospecting continues. The difference between the two and the rest of the Federation in employment patterns is striking, as the percentage of the population engaged in traditional pursuits is very low, while agriculture and fisheries account for nearly half the employment in the remaining 5 Sheikdoms.

Communications, Education, Health and Social Affairs

Main centres such as Dubai, Abu Dhabi and Sharjah are generally well provided with social services and have good communication links. The other areas still lack most essential services, and their provision is further hampered by the nomadic way of life of large proportions of the population. The United Arab Emirates are giving a high priority to health and education in their development efforts.

FAMILY PLANNING SITUATION

There is no government policy on family planning or population, and is no family planning association or other organised family planning activities.

Various types of contraceptives are available commercially.

SOURCES

EUROPA: The Middle East and North Africa 1972-73

Clarke and Fischer: Populations of the Middle East and North Africa.

UNESOB Conference documents.

Situation Report

Distribution *

Country YEMEN ARAB REPUBLIC Date JULY 1973

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			195,000 sq.kms[1].
Total Population	3,620,000	4,430,000	5,900,000 (1971)[1].
Population Growth Rate			2.7% (1963-71)[1].
Birth Rate			50.0 per 1,000 (1965-70)[1].
Death Rate			22.7 per 1,000 (1955-70)[1].
Infant Mortality Rate			n.a.
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15 yrs			44.2% (1970)[2].
Urban Population			5.8% (1970)[1].
GNP Per Capita			US$80 (1970)[3].
GNP Per Capita Growth Rate			2.0% (1960-70)[3].
Population Per Doctor			62,561 (1966)[4].
Population Per Hospital Bed			2,286 (1964)[4].

1. UN Demographic Yearbook 1971.
2. UNESCO estimate
3. World Bank Atlas
4. UN Demographic Yearbook 1972

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Yemen is a republic, its capital is Sa'ana and Taiz is the second largest town. Hodeida is the main port.

The Yemen is one of the poorest countries in the world and the present development efforts are complicated by the lack of skilled personnel in all spheres, for example, WHO estimates that there is only one doctor for every 93,000 inhabitants.

The majority of the population is engaged in traditional agriculture, which, because of the wide range of climatic conditions is very varied. A wide selection of cereals, vegetables and fruits are grown and for a long time the most important export has been coffee. Cotton growing has been started recently, on a fairly large scale and the value of cotton exports is now as great as that of coffee.

Industry is virtually non-existent in the Yemen though a large textile factory was opened in Sa'ana recently and this has started production. Some other textile plants and a cigarette factory have been started and will shortly begin production.

Ethnic Groups and Language

The population is Arab, Arabic is the official language and there are no ethnic or linguistic minorities of any size.

Religion

Islam is the official religion and the basis of the judicial system.

Education and Social Welfare

The poverty and lack of educated manpower is evident in educational and social affairs. UNICEF estimates that there are areas in the Yemen where infant mortality reaches 400 per 1,000. Education is provided mainly by traditional religious instruction, though formal schooling is being introduced gradually. There are some vocational schools in the country and these are being upgraded. Plans are being drawn up for the training of personnel to enable the institution of a graded system of formal education and for expansion of the public health services.

FAMILY PLANNING SITUATION

There is no government policy on family planning and there is no family planning association. It is known that individual physicians give family planning advice.

In 1971 two Yemeni doctors participated in the training course held in Beirut and arranged by the American University of Beirut in co-operation with UNICEF and WHO. The two doctors later participated in a practical training course sponsored by the IPPF.

Some official interest has been shown in the health aspects of family planning, and the Ministry of Health maintains contact with the WHO and the IPPF in this respect. Observers from the Yemen Arab Republic participated in the IPPF MENA Regional Council in 1973.

SOURCES

EUROPA: The Middle East and North Africa, 1972-1973.

Clarke and Fischer: Populations of the Middle East and North Africa.

UNESOB Conference documents.